

THE ENTHEOGEN REVIEW

The Journal of Unauthorized Research on Visionary Plants and Drugs

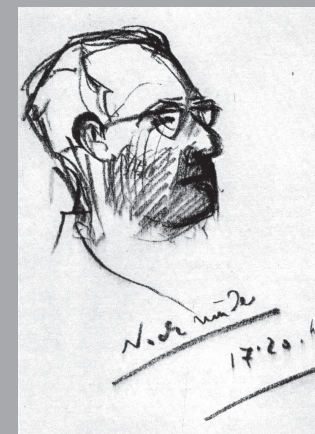
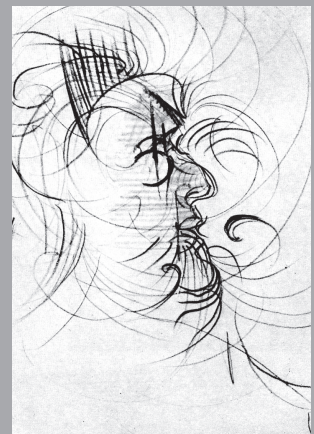
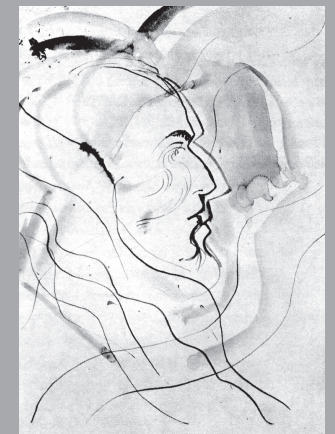
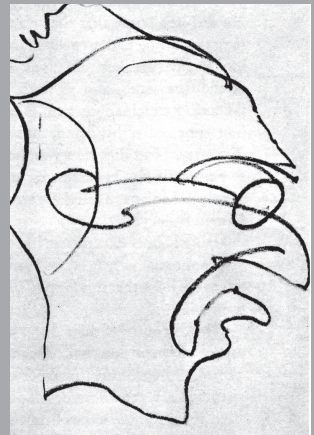
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THE ENTHEOGEN REVIEW

The Journal of Unauthorized Research
on Visionary Plants and Drugs

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FRONT & BACK COVERS

Nine drawings from a series of fourteen that were made in 1951 by the Hungarian physician and amateur artist LÁSZLÓ MÁTÉFI, while he was under the influence of LSD. These were published in *Triangle, the Sandoz Journal of Medical Science*. (We believe the images were published in 1954.) We have been unable to locate a copy of this publication, which was probably an in-house production. The images were scanned from TAYLOR, G.R. 1963. *The Science of Life: A Picture History of Biology*. MCGRAW-HILL BOOK COMPANY.

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IBOGAINE AS THERAPY: SANDRA KARPETAS SPEAKS...

Interviewed by JON HANNA

SANDRA KARPETAS is the project coordinator for the IBOGA THERAPY HOUSE, a treatment center in Vancouver, British Columbia that uses ibogaine to combat drug addiction. They charge absolutely nothing for this service. Although it is illegal in the United States, ibogaine is not specifically scheduled in Canada.

However, even if ibogaine were legal in America, the treatment that happens at the IBOGA THERAPY HOUSE would not be allowed in the United States, as the FOOD AND DRUG ADMINISTRATION restricts the use of non-approved experimental medications. Interestingly, one of the reasons that the THERAPY HOUSE is able to use ibogaine is because they don't have doctors involved in the treatment. According to MARC EMERY, currently the sole funder of the THERAPY HOUSE, if doctors were running the therapy, various medical regulations would tie their hands and prohibit the work. Keeping the doctors uninvolved actually allows the therapeutic process to happen. Furthermore, if the THERAPY HOUSE charged for their services, there would be a completely different set of regulations that would bog down the process and make it difficult to provide the therapy.

What's being accomplished at the IBOGA THERAPY HOUSE is a well-considered and delicate dance that actually allows addicts to kick via a psychedelic treatment process. In order to protect the privacy of the individuals undergoing treatment and safeguard the healing process itself, the location of the IBOGA THERAPY HOUSE is not made public.

On a cool day in late spring I spoke with SANDRA about her initial interest in psychedelics, her work in the field of harm reduction, and how she ultimately became involved with this cutting-edge, philanthropic addiction treatment facility.



JON: When did you become interested in psychedelics?

SANDRA: Do you consider *Cannabis* to be a psychedelic? If that's the case, I was ten years old when I smoked my first joint. This was with my mother and a friend. I had bronchitis many times throughout my childhood, as well as asthma. Mom had heard that *Cannabis* might help me with my asthma, so she said, "Okay, I'm going to let you try this. But under no circumstances are you to keep using it on your own. It's going to be a supervised activity." So I smoked my first joint at age ten, but by the time I was thirteen, I was smoking pretty regularly.

JON: Did your mom smoke *Cannabis*?

SANDRA: No.

JON: She had just heard that it could be good medicinally. What was her attitude toward drugs like *Cannabis* and the psychedelics?

SANDRA: She didn't really have much information about them. She had heard all of the propaganda claiming that *Cannabis* was dangerous, so she was definitely worried about that.





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JON: That takes a pretty ballsy mom to, out of a concern for her daughter's health, administer a medication that she not only felt uncertain about herself, but which also had all of the weight of anti-drug propaganda levied against it. Was she into naturopathy; did she lean toward natural remedies?

SANDRA: Not really, no. It was mostly because a friend that we had in common—who was between us in age and who acted as a very good bridge for us—was a regular pot smoker. It was through her that my mom found out about marijuana's medicinal properties.

JON: How old was your mom at that time?

SANDRA: Thirty-three.

JON: Did the *Cannabis* actually end up having any medicinal properties? Was it an effective treatment for your asthma?

SANDRA: I haven't had a problem with asthma since then. Whether that was psychosomatic or not, I don't know.

JON: Was it something that cured your asthma immediately, on the first try?

SANDRA: I don't know really, because I have been smoking it ever since. [laughs]

JON: Excellent! Of the more traditional psychedelics, which did you take first?

SANDRA: I took LSD first when I was fifteen. I was going out to a movie with some friends, and they told me about it. Of course, I had heard of LSD before that. I heard that it made you see things. I heard that it was really fun. So I decided to try it with my group of friends, and it blew me away. That's when my interest in psychedelics began to blossom.

JON: Had you heard any of the anti-drug propaganda at that time about LSD?

SANDRA: Some, but I didn't pay much attention to it, because I had also heard such propaganda about *Cannabis*, and clearly that was something very helpful and quite fun. I played with nitrous a lot when I was younger too. I remember occasions where a bunch of us kids would walk into a grocery store, clear out all the whipping cream in the dairy section, and get high in the supermarket. [laughs] However, some of my most influential and healing journeys have been facilitated by the intentional use of *Psilocybe* mushrooms.

JON: What is your educational background?

SANDRA: I don't really have any formal education. I'm self taught in the arena of drug information, although I have some very good mentors. But I've taken it upon myself to absorb as much information as I can in the areas that I'm interested in. I've taken quite a few workshops on topics ranging from harm reduction to facilitation. But most of my experience comes from being directly involved.





In 1996, I joined a group called MIND BODY LOVE. This was a raver information project based in Vancouver, whose purpose was to provide accurate, up-to-date, non-biased information about psychoactive drugs and sexual health. We set up safe spaces at raves and other events, with a focus on sharing information that could help to reduce harm associated with drug use. The spaces we set up were not just information based, but they were also there to help during the moment when people were having difficulties with their experiences. And those experiences got me interested in working with and learning more about transpersonal psychology and psychedelic psychotherapy.

Through this work, I increasingly became an advocate for harm reduction on a larger scale in Vancouver, particularly concerning young people and drug education. Due to my work in this area, I was eventually invited to host a number of workshops for young people in schools. That later turned into a project on the Sunshine Coast called the HIGHER KNOWLEDGE NETWORK. My work in harm reduction led to an interest in drug policy and cognitive liberty issues, and I became more proactive in working with the downtown East side and injection drug use. I'm a co-founder of VANDU, the VANCOUVER AREA NETWORK OF DRUG USERS, an advocacy group funded by HEALTH CANADA for which I co-wrote the proposal that got them their initial funding and who have made a number of recommendations to the City Council and the Health Board for changes in the city's policies related to IV drug use. Shortly after that, I moved to the Sunshine Coast and started doing the same kind of work, but became involved again with youth. And that's when we started doing more of the drug education workshops with young people, and hosting conferences.

JON: The difference in attitude in Canada is amazing to me. You were able to go into schools with an approach that is not abstinence-based, but rather a more realistic harm reduction focus that provides real education that kids can use. Growing up in the United States, the message is simply, "If it feels good, don't do it." The DARE program has set us back tremendously. Canada is clearly much more progressive than the United States, when it comes to drug policy.

SANDRA: Well, it took us years to establish trust with the people in charge at the schools and with the health promotion organizations. Basically we had to get to know these people as individuals, and approach them with various solid sources of information, such as the work that JOEL BROWN is doing in America with the CENTER FOR EDUCATIONAL

RESEARCH AND DEVELOPMENT on the topic of young people and drug education. We printed up that sort of information and sent packages of it out to the right people to persuade them of a more reasonable viewpoint. It didn't happen overnight. It took a lot of dialog and communication with these people to show them the need for this approach.

JON: Do you think that Canada may be receptive to this sort of approach because the government there has a much more reasonable take on health care in general? Perhaps because the government is more directly involved in health care, they actually need to come up with something practical that really works, as opposed to the United States.

SANDRA: Canada's drug strategy actually is a harm reduction strategy. A lot of people don't know that, and part of my work has been trying to educate people about that. I'll remind them that this is the case, and give them a definition for harm reduction and what it can potentially mean. Yes, our policy is different here, our health care system is different here. Because there is equal access to health care here, that then puts more of an onus on health care agencies to be proactive in finding out what works and what doesn't. But I also think that for us here, being able to jump through a lot of those hoops had to do with the people that we were forming relationships with and getting to know.

Dialog is paramount to making things work. I see the harm reduction approach as the middle path in a discussion of drug use in our culture, with prohibition on one side and promotion on the other. The definition of harm reduction has definitely changed for me over the years. It's not just about reducing harm, it's also about opening dialog. The whole concept of providing non-biased information can be a daunting task. But for me, the answer is found in the dialog that needs to take place between people involved from any particular viewpoint. We need to remember that everybody is different, and different substances will have different effects on different people.

JON: Tell me about the project that is your primary focus these days, the IBOGA THERAPY HOUSE.

SANDRA: The IBOGA THERAPY HOUSE was founded in November of 2002 by MARC EMERY, who is currently the sole funder of the project. I was hired in January of 2003. I had heard about ibogaine back in 1996. From 1997 through 1998, when I worked with VANDU, I thought that ibogaine might be very useful for some of these users, but I had no idea how





to get a hold of any. Information on ibogaine was somewhat scarce at that time, and I was also busy with a number of other projects. So as an interest, ibogaine kind of fell to the side. But I found out in December of 2002 that MARC EMERY was doing this ibogaine therapy project. I was curious, so I gave him a call. He took me on a tour of the space, introduced me to the facilitators, and showed me around. He told me what they were doing, what his intentions were with the project, how much he was willing to fund, and where he wanted to go with it. And I saw a real opportunity for growth there. He offered me a job, which I wasn't expecting. It wasn't necessarily what I was looking for, but I'm really glad that I decided to take it. I took it on as a sort of challenge, because I could see that the work had huge potential.

And now, this project has become my life. I'm very seriously dedicated to it, and to seeing that the world finds out about ibogaine. The monthly budget for the THERAPY HOUSE is about \$10,000, but that fluctuates depending on how many people we treat. We try to treat four people per month. One person per week in an individualized setting. We actually treat each person over a period of five days. It's a residential treatment, so we provide everything that they need during that time, as well as around-the-clock staff.

Within the project, I have a number of different roles. I'm the project coordinator, so I not only screen the clients for physical and psychological health issues, but also help to make the decision with them about whether or not they are ready to make this sort of a change in their lives. Ibogaine certainly is *not* a miracle cure, as has been touted by some. But it can be a powerful catalyst and tool for an ongoing program of recovery. My role as a facilitator and sitter with the client during the actual experience includes helping to prepare them for having a potent psychedelic experience, and also helping to set up the space in which it will be conducted. Basically paying attention to the "set and setting" of the whole thing. Finding out what they expect from the experience and seeing how well they are prepared to really go into that and deal with anything that might come up is definitely a factor in how beneficial the experience will be with them. So that's my role. My role is to inform and provide support.

JON: Are the clients usually lying down for the entire session, or do people want to get up, walk around, or even leave the environment of the THERAPY HOUSE?

SANDRA: Everybody is different, but most people prefer to stay lying down. Ibogaine in large doses, such as those given for addiction therapy, causes ataxia (loss of muscle coordination). So often patients can not walk around, although we have had a few people who have been able to come out and spend some time with us in other spaces in the house. For example, someone might come out into the living room and spend some time with the facilitators and have short conversations, maybe just to get a change of external scenery. But most people tend to lie down. The ibogaine is more of a facilitator in itself. It's different from LSD or MDMA therapy, where there is an active role for a therapist while the person is under the influence, in terms of opening dialog and discussing issues that may come up. The ibogaine tends to get people into a state where they focus inwardly, and it seems to act as the facilitator in itself. So a lot of our job, again, includes preparing them for the experience, and then helping them to integrate the experience afterwards. And of course we're there monitoring vital signs and helping them to go to the bathroom, or keeping them hydrated, and reassuring them that they are in a safe space and that if anything comes up where they *do* need to talk, that we're there for them.

JON: Have you seen any sort of major freakouts?

SANDRA: No, there haven't been any freakouts. I've had people who have come out of it saying that it was the worst thing that they had ever done and that they would never do it again, who then called me two weeks later saying that it was actually the *best* thing that they had ever done, and they wanted to do it again.

JON: There's a code among some of the psychedelic therapists who were working before these compounds were criminalized, that has been adopted by many underground psychedelic therapists as well, which says that the therapist must have at least one session with the substance they are providing for others, so that they can speak from a place of experience. Do you agree with this idea? And if so, what was your experience with ibogaine like?

SANDRA: That's a good question, because I did administer ibogaine to others for a few months before I had tried it myself. And I think that was valuable in terms of having an objective look at what other people were experiencing, and basing my interpretations of what was happening on user reports, which I think is quite valuable to do. But I also felt that I couldn't fully comprehend what was going on until I had my own experience with it. So I've taken *iboga* now, and



it was a very beautiful and powerful experience. I've learned a lot from it. It's definitely valuable when giving treatment to others to have some background information about what someone else *may* experience, but it's also important to be quite aware that whatever you experienced isn't necessarily what someone else is going to experience. Everybody is quite unique, and those providing treatment should honor and respect someone else's interpretation of the experience. Again, our job is to inform the process and act on a support basis, and not to try to color their experience with our own interpretations.

JON: Was the experience that you had with the pure compound ibogaine, or did you take some manner of more crude extract of *Tabernanthe iboga* root?

SANDRA: I'd like to try ibogaine hydrochloride, which is the pure compound. What I took is called the "Indra" extract, which is a total alkaloid extract. So it wasn't pure ibogaine. I took 3000 milligrams of this extract, which is less potent than pure ibogaine, and which contains additional alkaloids found in the plant's roots, other than ibogaine.

JON: It's my understanding that the Indra extract was tested a while back and shown to contain about 15 to 20% alkaloids, with about 50% of that being ibogaine (and the other 50% being other alkaloids of various activities). This would put your dose of ibogaine at about 225 to 300 milligrams. I'm not certain when those tests were done, but I'm curious if you know how long the Indra extract has been around or if it has been analyzed recently. It would be interesting to know exactly how much of what it contains these days, as I believe that the same batch of extract has been circulating for some years now. I wonder how stable ibogaine is.

SANDRA: One of the reasons that we stopped working with the Indra extract is because we don't have the answers to those questions. From what I've heard, the extract could be anywhere from 15 to 20 years old, and I don't know when the last time that it was tested was. But we haven't had any independent people test it for us. Because we aren't working with it anymore, we don't have any future plans to test it. We're working with ibogaine hydrochloride, which is a 98% pure extract. We have a certificate of analysis for that chemical, so we feel more comfortable knowing what we have is pure. I've found already that there are some differences between the Indra extract and the pure ibogaine hydrochloride. People tend to get a lot less sick with the hydrochloride; there's less vomiting and pain in the body afterwards.

JON: How much work have you done with the Indra extract, and how much of your work has been done with the pure compound?

SANDRA: We treated 16 people with the Indra extract, and then the last 15 have been with the hydrochloride.

JON: How many of those 31 people have come in for additional treatments?

SANDRA: Seven people have come for a second treatment. And we've had a few people who have requested a third treatment, but that hasn't happened yet. We have 13 people currently who have relapsed, and four of those 13 want to come in for either a second or third treatment. Out of those who relapsed, five were due to inadequate pain management.

JON: So you've had about a 58% success rate. Have people who have *not* relapsed wanted to come in for an additional treatment?

SANDRA: Yes, we've had a few. None of them have actually filed another application with us yet, but they have mentioned interest in trying it again or can see that it would be valuable maybe six or nine months down the road.

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JON: Is that something that you would feel comfortable doing, or do you have a policy regarding repeat treatments for those who have not relapsed?

SANDRA: We've said that we are willing to offer people up to three treatments if they feel that's necessary. So we are open to having people come in for a second or third treatment.

JON: I realize that you haven't yet treated that many people, but have you seen any sort of a trend where the people who are addicted to a particular type of substance tend to have a higher or lower success rate? For example, does a heroin addict seem to respond better to ibogaine treatment than a cocaine addict?

SANDRA: Both people who are using heroin and people who are using cocaine tend to have pretty good results, although cocaine users have seemed to do better at remaining abstinent. We've had a great deal of success lately with cocaine users. Poly-substance users might be a bit more difficult. The methadone users tend to be a little harder to detox, depending on how much they have got in their systems and whether or not they have pre-existing pain issues to deal with. But even with them, ibogaine seems to be pretty effective in terms of curbing withdrawal. However, pain management issues may be a contributing factor as to why in some cases opiate addicts have a harder time remaining abstinent than cocaine addicts.

JON: What is your client screening process?

SANDRA: We request copies of medical tests: EKGs, cell blood count with differential, and a liver panel. We need to make sure that the client is healthy enough to take the medication. We check their heart because there have been a few cases where heart rates have shot up, or blood pressure has been lowered or raised, and so we need to make sure that their heart is healthy. Liver work is done because it is the liver that helps metabolize the ibogaine into noribogaine, which then remains in the system for quite a while. So we want to make sure that the client's liver is healthy enough to deal with this process. We do accept people with hepatitis C if their liver enzymes are lower than 200% above normal. Our screening also includes a whole component on finding out what their withdrawal symptoms are, what their patterns of use are, how long they've been using, how much they tend to use, whether or not they are poly-substance users, what their nutritional habits are, and whether or not they're physically active. Some of these questions are to find out about the client and where

they are at, and others are to help them in their recovery process in terms of recommending changes in their diets or to avoid potential triggers with regard to relapse issues. We want to find out whether or not they've tried any other detox options in the past or if they have been to any other treatment centers. Generally we get people for whom other treatment options have failed, but that's not the case with every client and it's not a requirement. A social support network and an aftercare plan are vital. With regard to the aftercare, it's really important to get an idea of what they plan to do. For some people that might mean going into another treatment center. For everyone, it means getting their life back together on a number of different levels. We ask about that so we can help them to make those changes or find suitable recovery options.

Before treatment, we'd like the client be clear from other medications, like antidepressants, for example. We ask what kind of medications the client is on and find out whether or not those medications are contraindicated with ibogaine. In any case, I generally ask people to taper down or stop their medications before they take the ibogaine. And as well, they need to stop their intake of the drug of abuse. How long before the treatment they should stop the drug depends on what it is. If it's heroin, generally 12 hours before. If it's methadone, 24 hours before. With cocaine, anywhere from 10 to 12 hours. It also depends on the dose they take and their frequency of use. But we definitely do require them to stop taking their drug of abuse.

JON: Has there been a problem with border crossings, when maybe a patient went into withdrawal before reaching you?

SANDRA: It did in one case, where the applicant had withheld information about a previous felony conviction. When he tried to cross the border, he was basically considered an "undesirable" and they didn't want to let him in. He had been detoxing already for a day, and then he got to Canada and was detained at the border. He was allowed to come to us for a single evening, during which we didn't have enough time to treat him because the experience itself can last from 20 to 36 hours. And we feel that the reintegration period is also quite necessary, so we didn't want to just dose him and stick him back on a plane in the morning. When he got back to the airport, he was detained from his flight because he started to go into withdrawals before getting on the plane. It was a very difficult situation for us and for him, because he wasn't able to take the treatment nor was he able to have access to the substance he was dependent upon.





JON: What percentage of the people that you treat are from Canada and what percentage of them are from elsewhere?

SANDRA: It's changed. At one point it was about 50-50. But currently it's about 60% Canadian, 40% American.

JON: Ibogaine is known to produce a moderate rise in blood pressure in about 15% of the people who take it. Do you give any sort of a "test dose" to see how the person responds to the ibogaine?

SANDRA: We administer a 100 mg dose of ibogaine before we give them a full dose, monitor their vital signs—their blood pressure, pulse, and temperature—for an hour to check for any allergic reaction. If there is such a reaction, we will abort the treatment.

JON: What is a full dose considered to be?

SANDRA: It is largely based on the person's weight. However, it also depends on the substance of addiction that we are treating for, and the person's frequency of use of that substance, and the dose that the person is used to taking. It can be anywhere from 16 to 20 mg per kg for people who are physically dependent on the chemical or chemicals that they are trying to kick.

JON: You said that the course of action of the drug can range from 20 to 36 hours. What is the average time that people are under the effects of ibogaine?

SANDRA: The average is about 24 hours, and that's in three phases. The first phase is a period of psychological exploration and dumping. A lot of random images come up, and the experience is highly visual and chaotic. The images may seem strange and unrelated to each other. That phase usually lasts anywhere from 5 to 10 hours. Phase two is where they start to get more visions that are related specifically to themselves, to their past, and to their drug use or family or other issues that they need to look at. The visions generally come in a bit slower. Based on user reports, people tend to feel that this phase of the process is more about working through their issues than the first part. The second phase can last anywhere from 10 to 16 hours. Then the third phase is coming down, where the visuals start to subside. The person is usually up for a few more hours, but just waiting to fall asleep. It depends on the individual, but that can last from another 3 to 12 hours.

JON: Are you collecting any sort of documentation during or after the experiences from your subjects?

SANDRA: We give the subjects the option to use a tape recorder during the session if they want to. We also try to keep notes regarding anything that the person says during the session, as well as anything that he or she has ingested, or any changes in vital signs. All this information is compiled in a set of treatment notes that we retain. And we always ask the people to write something about their experiences afterwards. We provide them with questions that touch on a number of different areas, regarding the mental, emotional, and spiritual effects that were experienced, as well as the person's general well being. We use the *Peak Experience Profile*, which was created by RICHARD YENSEN and FRANCO DI LEO, and the *Hallucinogen Rating Scale* developed by RICK STRASSMAN. The subjects are also expected to write a report of their experience of their treatment and of the IBOGA THERAPY HOUSE. This helps us to evaluate our program and make the changes that are needed.

JON: Do you see any side effects from the treatments?

SANDRA: Primarily there can be some nausea and ataxia. For nausea we may give Gravol®, which in America you know of as Dramamine® (dimenhydrinate). Sometimes we get people who have a rising or lowering of their blood pressure. Generally we've found that if we keep people well-hydrated beforehand, the chances of their blood pressure dropping is minimal.

JON: Some ibogaine researchers have noticed that people who undergo the treatment have a reduction in their need for sleep that can last a month or more following the treatment. The idea has been presented that this might indicated some manner of structural change that has occurred in the brain, or that there is a long-lasting metabolite of ibogaine that stays in one's system. People have reported needing only three or four hours of sleep a night. Have you seen this reaction with any of your patients?

SANDRA: I've seen it with some of them, but definitely not with all of them—very few, in fact. ROBERT GOUTAREL's hypothesis is that ibogaine may facilitate a prolonged R.E.M. experience, and there is speculation that this might delay the need for sleep. But that's just speculation. EEG brain-mapping at some of the stages of the experience of people under the influence of ibogaine may prove to be quite interesting.





JON: Two of the people who are known to have died during ibogaine treatment were women. These deaths led people to be worried that ibogaine might have a greater toxicity in females, possibly due to it being metabolized differently. That concern caused the FOOD AND DRUG ADMINISTRATION to exclude women from their 1993 approval of clinical studies with ibogaine. Are you aware of any comparative metabolism studies based on gender that have been done? Do you allow women to detox at the IBOGA THERAPY HOUSE? If so, what is the ratio of men to women who are treated?

SANDRA: Yes, we do treat women. About 40% of our patients have been women. One ibogaine treatment provider who sent us his treatment procedure did suggest that women who are having their menstrual period be excluded from treatment, including the time a week before their period. I haven't found anything that mentions *why* that may be.

JON: The only thing that I can think is that there is some concern about a woman's metabolism related to her hormone levels, but I dunno...

SANDRA: I'm waiting to find out what DEBORAH MASH has to say about that, as I believe that she is doing some work related to the metabolism of ibogaine and/or noribogaine.

JON: Have you ever had to stop a treatment based on a negative reaction from the test dose that you give?

SANDRA: Yes. Once we had someone who had already taken ibogaine in the past. We noticed a dramatic drop in her blood pressure, and had to stop the treatment. And we also had another person whose heart rate jumped to over 120 within ten minutes, and then it took about an hour for that to subside. It has been suggested that the response in this second case may have been just due to anxiety. But the patient didn't appear to have any outward signs of anxiety. And since we're not doctors, we would rather play things safe—it was such a drastic rise in his heart rate. So we have had two treatments that were aborted.

JON: What if the need for a doctor arose?

SANDRA: I'm trying to work out the possibility of having a doctor or registered nurse on hand as an observer. Not as someone who is actively involved, due to the government restrictions on that, but just there in a safety net sort of position. I'd also like to have a crash cart on site, with someone experienced in its use, in case it is needed. However, we are

currently about five minutes away from the closest hospital. We have advised them that we are providing this treatment, and we have tried to establish an emergency protocol with them. They said that if anything goes wrong, we should just call, and an ambulance would be right over. Our staff all has first aid training, too.

JON: There have been a few deaths reported from the use of *Tabernanthe iboga* root among the African tribe, the Bwiti, who traditionally use it in spiritual rituals. How many people have died from taking the plant for recreational purposes or as an addiction treatment?

SANDRA: I don't know the answer to that question. To find out the specific details regarding each of the deaths that happened during therapy sessions would be valuable. There are some questions as to whether or not these people may have died due to the concurrent consumption of other drugs *while* on ibogaine, or immediately afterwards. Such an approach could cause a potentially-lethal overdose, if they revisit their drug of abuse at their "normal" dose level. If someone was going to try and use their drug of addiction directly following ibogaine treatment, they would have to be careful to take a very small test dose to find out what their tolerance level has become. Ibogaine can highly potentiate other drugs. So far as I know, a lot of the deaths have been because of this tolerance issue in conjunction with using another drug. But there are a couple deaths that are in question. I believe that five or six people have died related in some manner to ibogaine therapy, but I don't know the exact figure.

JON: There was recently a death in England, which was noted to be the first case where a coroner actually listed the specific cause of death as ibogaine. This raised concerns that ibogaine might become scheduled in the United Kingdom. Considering Canada's connection with the U.K., are you afraid that scheduling of ibogaine over there might increase the chances that it becomes scheduled in Canada?

SANDRA: Yes, absolutely. It's something that I think about all the time, that our situation could change at *any* moment. And I think that makes our task even more urgent, in terms of helping as many people as we can now, and gathering data. So that if Canada were to threaten the scheduling of ibogaine, we could argue for its place as a licensed medicine. Or for not scheduling it. Or at least to open dialogs about the potentials, and have the government look more deeply into it before making a rash decision based on some anecdotal evidence. I haven't seen the coroner's report, so I don't really





know whether or not the death was solely due to ibogaine itself, or if there were any other drugs in the person's system. I'd like to find out more.

JON: The risk of death is probably minuscule in the proper environment. Possibly of greater concern is the potential for neurotoxic effects from ibogaine. MARK MOLLIVER of JOHN'S HOPKINS showed cytopathology in the cerebellum. KARL JANSEN, M.D., Ph.D. has stated that ibogaine therapy should only be used as a last resort, with hardcore addicts who have failed to kick via any other approach, due to his concerns about permanent changes that might occur in the brain. To what degree should people who take ibogaine be worried about brain damage?

SANDRA: From my knowledge of the MOLLIVER study, anything under 50 mg per kg was *not* shown to be neurotoxic.

That was in rats. I don't know if there have been any neurotoxicity studies in humans. I definitely hope that there will be such studies in the future, because I am very curious. Again, the dose that we give is anywhere from 16 to 20 mg per kg, with 20 being reserved for the most severe cases of addiction. We also recommend to those people who apply for our treatment that they attempt some other manner of treatment first. Not only because of potential neurotoxicity, but also because it is a very potent psychoactive experience. Not everybody is ready for that. Of course, one of the most important tasks that we have is to prepare people for that experience. But I do think that ibogaine is a better choice for those who have already exhausted other options. It also speaks well to the efficacy of ibogaine therapy if it is successful with people who have tried other treatments and failed at them; that's something that may be persuasive to researchers that ibogaine therapy needs to be looked into seriously.

MIND STATES



September 15–20, 2004

Oaxaca, a sun-drenched city cooled by Mexican mountain breezes, is regarded by many as a spiritual center because of the ancient Zapotec and Mixtec cities that dominate the nearby hills. It is also a multicultural center—people from all over the world come to see the arts and crafts of the 16 different indigenous groups practicing their traditional ways in the region. — IRIS DENTON, *Whole Life Times*, June 1998

The state of Oaxaca in Mexico is infamous due to the (re)discovery of several powerful entheogens in use by Mazatec healers in the Sierra Mazatec mountain area, including *Psilocybe* mushrooms and *Salvia divinorum*. In particular, the town of Huautla de Jiménez attracted those interested in discovering more about the native use of these visionary plants. Oaxaca City is the first stopping point in Mexico for many wishing to take the beautiful 6-hour scenic drive through a multitude of ecosystems to the Sierra Mazateca. In Oaxaca City, *curendera* MARÍA SABINA clearly holds the status of a folk hero—one can even find T-shirts with her face on them sold in the city square! Oaxaca is a great little city, with delicious food, friendly locals, and *tons* of art, both traditional and contemporary. It is home to the world's largest, longest-running open air market, and of course a trip to the *amazing* Zapotec ruins at Monte Albán will be part of the adventures during the MIND STATES OAXACA seminar. Join us in Oaxaca City! Spend a week in an intimate, relaxed setting, having stimulating conversations with the following presenters:

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Each ticket is \$1,200.00 per person. Price includes admission to all lectures and field trips, accommodations (a single space in a double-occupancy room), access to the swimming pool and hotel amenities, and delicious Mexican breakfasts and lunches (vegetarian and vegan available). Airfare and transfer to the hotel (about ten minutes by taxi) are not included. Early registration is suggested, as space is limited. Payment for ticket(s) should be sent to: Mind States, POB 19820 (Dept. ER), Sacramento, CA 95819, USA. Credit card payment available through PayPal: send money to mindstates@prodigy.net. For additional info see: www.mindstates.org.





JON: The active metabolite of ibogaine, 12-hydroxyibogamine or *O*-desmethylibogaine, which is more commonly referred to as noribogaine, is thought to stay in the system for a long time. One of the actions of noribogaine is that it elevates serotonin levels. It has been theorized that these higher levels of serotonin may be a reason why those addicts who have taken ibogaine may have an easier time practicing abstinence following their treatment. Do you know how long noribogaine stays in one's system?

SANDRA: I have heard of some studies that postulate that it may stay in the system for up to three months, but I don't know for sure. More studies on this are needed, as it is suspected that this action may contribute to ibogaine's long-lasting effectiveness in curbing cravings.

JON: Ibogaine has also been shown to reverse cocaine-induced dopamine increases. So it not only affects the serotonin system, but the dopamine system as well. It also acts as a competitive inhibitor of MK-801, binding to the NMDA-receptor complex, which has been shown to attenuate tolerance to opiates and alcohol, and reverse tolerance to stimulants. This reflects what you were saying about an addict being at great risk if he or she was to take their drug of choice at the same dose level following the treatment as was used prior to the treatment. As well, ibogaine has been shown to bind to the mu and kappa opioid receptors. So pharmacologically, there is a *lot* going on with ibogaine.

SANDRA: I'm looking for a pharmacology tutor, by the way. Perhaps I can get a student to come and explain these issues to me, because I've never studied pharmacology other than...

JON: ...applied pharmacology? [laughs] Sure, we're *all* students of that.

SANDRA: Exactly. But for me to try and speak with any legitimacy on this level is impossible, because I really don't know.

JON: Well, with that caveat in mind, I'm going to ask you to speculate anyhow. Many addicts undergoing ibogaine treatment are said to experience the benefit of not having any withdrawal symptoms, or having less intense withdrawal symptoms. To what extent do you attribute the anti-addictive properties of ibogaine on its pharmacology, and to what extent do you attribute future success with abstinence to the visionary psychotherapeutic effects? After all, people *are* going through a very intense and sometimes reflective or "life reviewing" mental process.

SANDRA: I feel that those elements are inseparable. While one can *attempt* to separate the mental, emotional, spiritual, and physical components, I don't think that we will ever be entirely successful in that process or achieve a truly balanced look at what may be going on.

JON: Over a decade ago, someone created a synthetic analogue of ibogaine that didn't produce any visionary effects, but which could theoretically still be used for its anti-addictive properties, right?

SANDRA: Yes. It's called 18-methoxycoronaridine: 18-MC, for short. But they still haven't tested it on humans. That's STANLEY GLICK's project, and I'm really interested in seeing what comes out of that.

Everyone who has undergone treatment with us has *had* a visionary experience of some form or another. Having gone through a process where they are able to look at traumatic issues in their lives and find some sort of peace within themselves around those issues—I suspect it may play a significant part in the success of the treatment.

JON: The ideas of set and setting are well known in the psychedelic community. But one of the great early LSD researchers, Dr. BETTY EISNER, proposed a third idea that didn't catch on as well. Yet I feel it is equally important, if not more so. EISNER worked with alcoholics, treating them with LSD. Her idea was that, along with "set" and "setting," there was the "matrix." The matrix relates to one's environment. The matrix could help one with the integration of the effects of the psychedelic after a trip. It could help addicts to stay clean. A potential problem is that addicts may have friends who are addicts. So you kick, now what are you going to do afterwards? What EISNER did was that she had these homes set up, where people following their treatment would live. In these halfway houses, the (hopefully) former addict would be surrounded by people who were similar to them, who were also in the process of getting the monkey off their backs. Now all of a sudden the matrix that surrounds them is a group of people who can support each other in a common goal; a new group of friends. Which leads me to ask what sort of follow-up work is done with those people who have undergone treatment at the IBOGA THERAPY HOUSE?

SANDRA: We're trying to tackle that issue on a number of different levels. Our ideal patients for therapy are those who already have factors in place that include a support matrix. So along with the ability to have good nutrition, remain in





shape physically, and related issues, we are looking for people who have a good social and home life. Because we have a lot of people who apply, in our screening process we attempt to locate those people who could potentially have the most successful outcomes based on a number of different factors. We take all of those things into consideration. It doesn't necessarily mean that we would exclude somebody from treatment based on those reasons. But for the aftercare plans it really helps us to get an idea of where the person is at beforehand. This aids us in formulating the individual's aftercare plans, so that they can work on the areas that need help. I think that it would be beneficial to have a two- or three- or four-week program at the IBOGA THERAPY HOUSE, but we can't afford that just yet.

So the way that we are trying to respond at the moment within our means is to form a network of people locally, in Vancouver. We're compiling a resource of individuals, service providers, holistic health healers, therapists, body workers, and others who are willing to help the addicts both pretreatment and posttreatment. For example, if someone has a problem with employment, but has a very good home and family life, then we could refer them to an employment counselor who knows about our ibogaine program, who knows what these people are facing, and who is coming from a well-informed position about the issues that a chemically dependent person faces. Such an employment counselor will support the addict in working toward his or her specific needs and goals. So if we can put that matrix into place, it will help the person have a better chance at a successful recovery.

JON: What are the long term goals of the project? What about the funding?

SANDRA: MARC EMERY has agreed to fund the project for an undetermined amount of time, providing the \$10,000 monthly that we need for our operating expenses. Although he is committed to the project, the future is uncertain. Something could happen to MARC where he is no longer able to continue funding the project. Or Canada might decide to schedule ibogaine. Changes could occur quickly, without any warning. I'd like to get a number of options in place, so that if anything restricted our current funding, we would be able to immediately obtain funding from other sources. We do want to apply for funding from other sources in any case. But I feel that there are a number of things that we need to get in place first, before this can happen.

I'd like to integrate the IBOGA THERAPY HOUSE into the city of Vancouver's document *A Framework for Action*, which outlines the Four-Pillars Drug Strategy that they are trying to implement. The Safe Injection Site is an example of one of the recommendations made in *A Framework for Action* that has already been put into place. Prescription heroin is another one that they are working on getting in place. In Vancouver, hopefully within two or three years, I would like to see ibogaine be the next big thing on that level. It should be included in *A Framework for Action* under "treatment," which is one of the four pillars of the city's approach to the problems with drugs. [The three other pillars are harm reduction, prevention, and law enforcement.] One of the currently proposed actions is that the city fund clinical trials for medications that may be used in detoxification and treatment, and they list levo-alpha-acetyl-methadol (LAAM) and buprenorphine as examples. But I'd like to suggest that ibogaine be included as well. So I would like to see more funding put into research and clinical trials, but then I'd also like to open up dialog with the city about them helping us to continue this program. Our program is not necessarily as stringent as a clinical research trial, but it is still providing data and treatment that is clearly valuable.

JON: Where do you see yourself five or ten years from now?

SANDRA: I'd like to see this program get off the ground and provide enough of a framework that others could work with it. I could train other people to do this kind of work. In the future, if the IBOGA THERAPY HOUSE or some incarnation of it becomes sponsored by the city, I may continue to work with it or I may train somebody else to do my job. I'd like to go to school some day and study transpersonal psychology. But I think that ibogaine's gonna follow me around for at least the next five years. And I'm committed to do it. Eventually, I'd like to work as a psychedelic therapist.

JON: Thanks, SANDRA, for taking the time to speak with me for *The Entheogen Review*. ☉

The IBOGA THERAPY HOUSE is currently only accepting applications from Canadian residents. This is related to an outcome study funded by the MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, which will gauge the long-term effectiveness of the treatment offered via the THERAPY HOUSE, as well as via the IBOGAINE ASSOCIATION, which offers similar treatments in Mexico. For more information on this study, see MOJEIKO, V. 2004. "Developing an Outcome Study of Ibogaine Therapy," MAPS Bulletin 14(1): 7-8, or visit www.maps.org.





MODERN PSYCHEDELIC ART'S ORIGINS AS A PRODUCT OF CLINICAL EXPERIMENTATION

by R. STUART; German sources translated by SCOTT J. THOMSON

There is a common belief that hippies in the United States invented psychedelic art in the 1960s. Actually, modern psychedelic art began in Germany four decades before the "Summer of Love." This art first appeared in clinical settings, unaware of its antecedents in native societies and little influenced by earlier Western drug art from the 1800s (see Figure 1).

MESCALINE

KURT BERINGER's 1927 book *Der Meskalinrausch* presented his study of the effects of injected mescaline hydrochloride on 32 human subjects. Subject #8 was a fine arts painter, but he did not do art during his session. However, some of BERINGER's subjects did illustrate their written descriptions of their mescaline experiences. These subjects did not have

any artistic training, but their aesthetically unimpressive sketches were the first publication of mescaline's visual imagery uninfluenced by the religious programming of Native American cacti ceremonies.

Subjects #3 and #31 were doctors who took 500 mg each, in different experiments. They both drew "trails" produced by the glowing end of a moving cigarette. Subject #31 looked at upholstery with a batik pattern of checks and squares. He then looked at a book, and the textile patterns transferred to the book and proceeded to metamorphose into the designs he represented in three drawings.

Subject #10 was a doctor who was administered 400 mg. He was inside a building looking up at light coming down through a domed concrete ceiling. Closing his eyes, he felt elevated into the dome and identified with it. "It was as if I was inside the cupula, and looking up as the light was going through. At the same time I had a sort of physical sensation of the entire construction, the ability to feel what this kind of iron/concrete construction was like from the inside." The subject drew a grating of iron slates with bronze ornaments that was part of the construction.

Subject #17 was a doctor who was given 400 mg. Looking at a rug, she commented, "The whole carpet seemed to me without sense." She drew a stylized crab, an animated form that she imagined in the carpet.

Subject #18 was a law student who took 400 mg. Either during or after his session, he illustrated the phosphenes that he produced by pressing on his closed eyes. He described, "With closed eyes there was again a strongly ordered surface of color changing like a kaleidoscope and taking on geometrical patterns that were crisscrossing as if lit up by a flashlight."

Subject #23 was a doctor who was administered 500 mg. He drew phosphenes to illustrate the following experience. "I closed my eyes and pressed on the eyeballs and saw small circling white points and later these apparitions transformed into kaleidoscope-like whirls of small red and green flecks of



Figure 1: A depiction of ether-induced hallucinations. Taken from *Les Merveilles de la Science, ou Description populaire des inventions modernes* by LOUIS FIGUIER, 1867–1870.





color like an ocean of little pennants. Red and green played from now on until later in the afternoon, and I see only red and green in the world and I am searching for blue and yellow.” He also drew “egg-dart-molding,” which was an architectural molding with filigree ornamentation, that he imagined in the glowing band emanating from an electric lamp that was moving back and forth. The subject was shown a test pattern, designed by the Gestalt psychologist MAX WERTHEIMER, to test for the perception of illusory movement and colors. The subject recounted: “the pinnacle or apex of the triangle moved from A to B and back. There were no colors, they were gray.” The subject drew two sketches of the moving triangle.

Subject #26 was a doctor. He drew six pictures illustrating his experience with a 500 mg dose. He described what he imagined while looking open-eyed into a dark cellar. “From this black space emerged colorful swastika figures—innumerable, all of them around me, in front and back, above and below, right and left. I must have been in the middle of them. They were not actual swastika, but rather like this (indicating the drawing). And then began from the points of the hooks innumerable spirals and flashes and lines. The swastikas disappeared when the music turned on. Unusual, mostly red and green, geometrical figures appeared again in numerous places. This time they moved in pleasant rhythm, sometimes hastily, sometimes slowly, then taking on the most bizarre architectonic forms... The splendid color and rhythm melded into a certain harmony.”

STANISLAW IGNACY WITKIEWICZ (a.k.a. WITKACY) was a Polish philosopher, playwright, and artist. He obtained peyote from WARSZAWSKIM TOWARZYSTWIE PSYCHO-FIZYCZNYM (the WARSAW METAPHYSICAL SOCIETY), and later from the scientists ALEXANDRE ROUHIER and KURT BERINGER. He also got mescaline directly from MERCK pharmaceuticals. An expurgated version of his description of a peyote experience was published in his 1932 essay *Narcotics*. The censored text originally included surreal sexual imagery such as “violet sperm-jet straight in the face, from a hydrant of mountain-genitals.” Author MARCUS BOON commented: “Profane and misanthropic, Witkiewicz’s prose reads somewhat like a modernist version of Hunter S. Thompson’s” (BOON 2002). BOON speculates that WITKACY’s novel *Insatiability* may have been influenced by his peyote experiences. Apparently, WITKACY was the first modern artist to work under the influence of a classical hallucinogen. In 1928, WITKACY took “peyotl” under the supervision of Drs. TEODORA BIALYNICKIEGO-BIRULA and STEFAN SZUMAN. Dr. SZUMAN published illustrations of WITKACY’s peyote and mescaline visions in 1930. In 1990, IRENA JAKIMOWICZ published a 1928 drawing and ten pastel portraits created from 1929 to 1930 that WITKACY made under the influence of peyote, as well as three drawings and five pastel portraits he made under the influence of mescaline (see two examples, Figures 2 & 3).



Figure 2 (above). WITKACY made this 1929 portrait of NENY STACHURSKIEJ under the influence of peyote. (JAKIMOWICZ 1985, plate 143).

Figure 3 (below). WITKACY made this 1929 portrait of TEODORA BIALYNICKIEGO-BIRULA under the influence of mescaline. (JAKIMOWICZ 1985, plate 151).





In 1932 FREDERIC WERTHAM and MANFRED BLEULER administered mescaline to normal subjects to study visual hallucinations:

A good impression of these optic phenomena is given by the attempt of one subject to paint in oil a few of the scenes on the day after his mescaline test. He painted four pictures. Since it is very difficult to gain a clear realization of these visual experiences in words, and since mescaline hallucinations are of considerable psychopathological interest, two of these paintings are given here as illustrations (figs. 1 and 2). He wrote of these paintings in his retrospective account:

...A field of century plants. I have painted only one plane, but there were actually five at the same time. This is the only vision that had any apparent connection with the drug (century plants, pulque, also called mescal). The plants were in sandy fields and did not move in relation to their background, though all five planes moved separately in different directions and at different angles from the eye. (fig. 1.)

The second vision was seen while the physician played the phonograph. The background was flames. The black figures moved up black stairways. Their movements were angular and mechanical. In this case there was one background, but the stairs were, like the century plants, at different distances from me. (Fig. 2.)

In 1933 G. MARINESCO published a drawing of a hand seen under the influence of mescaline. The thumb was reduced to a pointed protrusion and the fingers were of inconsistent size.

In 1934 Dr. FRITZ FRÄNKEL, who was living in Paris after having fled the Nazis, injected a small dose of mescaline into his roommate, WALTER BENJAMIN (THOMPSON 1997). BENJAMIN drew three pictures that consisted of words about sheep and witches poetically scribbled across the page. He also produced, while under the influence of *Cannabis*, a picture of a bird.

WALTER BENJAMIN is currently an extremely popular philosopher, especially in literary circles. There are fourteen volumes of his work published in German, and five volumes of English translations published by HARVARD UNIVERSITY PRESS. One of the foremost experts on BENJAMIN is GEORGE STIENER. In Amsterdam, STIENER opened the 1997 CONGRESS OF THE INTERNATIONAL WALTER BENJAMIN ASSOCIA-

TION by giving the keynote address. The assembled congregation of scholars visibly bristled as STIENER lectured about BENJAMIN's drug usage, which went back at least to 1927, possibly even earlier. STIENER said that the eleven extant drug protocols were only the "tip of the iceberg," because BENJAMIN had hundreds of sessions with hashish and other drugs. STIENER related these sessions to BENJAMIN's obsession with BAUDELAIRE and his interest in the influence of dreams and hallucinations on art. Although STIENER emphasized that these experiments occurred before the legal prohibition, when societal attitudes were different than today, the audience was quite disturbed. The academic world fears that mentioning BENJAMIN's drug use would discredit the legitimacy of his ideas. For example, one contemporary BENJAMIN scholar—terrified that his career would be ruined if he seemed to encourage drug use—decries any public discussion of BENJAMIN's pharmacological explorations. Yet he has stated privately that he finds the topic interesting.

Only a few of the drug protocols that BENJAMIN participated in were published in English. There were a few hashish experiments scattered in the various volumes produced by HARVARD, but no mention of BENJAMIN's use of mescaline. CITY LIGHTS BOOKSTORE in San Francisco agreed to publish SCOTT J. THOMPSON's English translation of BENJAMIN's collected drug protocols. However, HARVARD UNIVERSITY PRESS owned the copyrights, and LINDSEY WATERS, Executive Editor for the Humanities at HARVARD UNIVERSITY PRESS, told THOMPSON that he would not sell publication rights to CITY LIGHTS, nor would HARVARD be interested in publishing such a compilation. WATERS said, "We are very interested in publishing translations of BENJAMIN's work, but we can not undermine BENJAMIN's reputation by making him appear to be a drug addict." It seems that JANUS-faced scholars and bowdlerizing editors are suppressing academic discussion about legitimate scientific experiments! Incidentally, BENJAMIN's preoccupation with recurrent hallucinogenic ornamental motifs may have been influenced by parallel observations by scientists (KNAUER 1913).

DRS. ERIC GUTTMANN and WALTER S. MACLAY of MAUDSLEY HOSPITAL studied art produced by psychotic patients and by mescaline subjects. Art generated by their 1936 mescaline experiments is preserved in the BETHLEM ROYAL HOSPITAL ARCHIVES AND MUSEUM in Kent, England. BETHLEM also has a collection of pictures by RICHARD DADD and other artists who suffered mental disorders.





In his 1948 doctoral dissertation for the Medical Faculty of the UNIVERSITY OF HEIDELBERG, HANS FRIEDRICHS described a series of tests conducted from 1937–1938 at the PSYCHOLOGISCHEN INSTITUT DER UNIVERSITÄT BONN (Psychological Institute of the University of Bonn). The subject of the experiment was a 24-year-old student of philosophy and mathematics who spontaneously produced six drawings approximately eight hours after being injected with 300 mg of mescaline sulfate. These pictures represented the “extraordinary profusion of images powerfully charged, in part, with emotive associations so difficult to describe” that he experienced during the peak of the session. He wrote a statement about the last illustration, which he submitted along with his drawings to the test director:

What I was thinking about as I drew this illustration: Underneath matter, [there is] the Questionable, about which the skeptics argue and are at odds. Chaos, the organic, the imperfect, the inadequate. I am deeply rooted in it, unfortunately. I elevate myself up above it and strive for the realm of pure form, which is the nearest and most immediate passage into the infinite Nothingness. Everything irrational, unworldly is located here, hovering in the Nothingness. Nothingness endlessly encased and concealed inside Nothingness over and over. “God desired to look away from Himself, so He created the world.” The sense of this is completely clear to me. The diagonal line [in the illustration] is the limit of time, where space-and-timelessness begin, and into which I can consciously project myself, if I so desire. Here the Will is everything. It alone is capable of giving form to the Nothingness. Everything here is given to it for interpretation: namely Nothing[ness]!

Still remote [is] the Feminine-Maternal, which gave birth to me. Everything else behind me to the right, always in the right, corresponds to it. These unutterably lamentable figures torment themselves over the truth. What is truth? The Nothingness is true. We strive toward it as the one certain thing in death! *atastalos*! [Greek: *ατασθαλος*, reckless, presumptuous] (FRIEDRICHS 1948).

LSD

In 1947, WERNER STOLL published a small sketch of an LSD-induced “tesselloptic hallucination” in the first article about the psychological effects of LSD.

GIUSEPPE TONINI and C. MONTANARI worked at the OSPEDALE PSICHIATRICO “L. LOLLI” in Imola, Italy. In 1955 they administered drugs to an artist who worked in the hospital’s occupational therapy department. The two researchers adhered to the psychotomimetic paradigm, and

described their subject as a having a normal but “slightly primitive” mind. They asked the artist to paint during his sessions with mescaline, LSD, lysergic acid monoethylamide (LAE 32), as well as with methedrine (both alone and in combination with either mescaline or LSD). He produced paintings during all sessions except the one on LAE-32. The doctors published seven of his paintings of flowers in vases and a landscape, along with a comparison drawing by a schizophrenic. They concluded, “the pictures do not contain any new elements in the creative sense, *but reflect pathological manifestations of the type observed in schizophrenia*” (TONINI & MONTANARI 1955). The researchers believed the drawings expressed the differences in the mental states elicited by the different drugs. Although the pictures did look different from each other, it would not have been possible to pick out which picture was painted in an ordinary state of consciousness.

Four prominent American graphic artists were asked by LOUIS BERLIN and his colleagues to paint under the influence of mescaline and LSD. Three subjects were disinclined to paint while peaking, preferring instead to “look and feel,” while the remaining subject “painted with great fervor and excitement.” Paintings done under the influence of a psychedelic were “works of greater esthetic value appeal according to the panel of fellow artists, but this was associated with a relaxation of control in the execution of lines and employment of color, so that both color and line were freer and bolder.” The doctors explained:

This improvement in their esthetic creativity may be explained by the following observations. The subjects became aware of “dead areas and dull colors” in their paintings and were able to modify them. There was a new feeling of unconcern about drawing in a “loose free way”, and this loosening of restraint was evident in the size, freedom of line and brilliance of colors employed in their paintings. One artist who described her approach to painting as “indirect and tentative with many changes” felt “relaxed about the mistakes in drawing” and “could cope with them in due time” while under the influence of mescaline (BERLIN et al. 1955).

During the “Draw-A-Person” test and BENDER-GESTALT doodles, the artistic style was more bizarre, expansive, and free when the subject was under the influence. The drugs caused an “impairment of the highest integrative functions” as measured by other standardized psychological instruments. These were naïve subjects “unaccustomed to the use of ‘drugs,’” so perhaps their performance on “integrative functions” would have improved with practice.





MAX RINKLE, M.D., initiated the United States' first LSD research in 1949. RINKLE (1955) reported that he and CLEMENS C. BENDA, M.D., "gave mescaline and, on another occasion, LSD to a nationally-known contemporary painter who showed a progressive disintegration in his drawings though each line showed the superior craftsman in his art."

Dr. Jiří ROUBÍČEK's 1961 book *Experimentální Psychosy* (Experimental Psychoses) described research in Prague, providing numerous drawings and paintings, including 20 color plates (see Figures 4 & 5). These pictures were by subjects under the influence of psychedelics (some of whom were well-known professional painters), and by mental patients. ROUBÍČEK's book notes that between 1952 and 1960 at the Psychiatric Clinic of CHARLES UNIVERSITY, Czechoslovakian psychiatrists conducted "11 experiments with mescaline on healthy subjects; 130 experiments with LSD on 76 healthy volunteers and 80 experiments on 44 patients; with psilocybin 8 experiments on healthy subjects and 7 on patients; furthermore occasional experiments with other drugs, tryptamine substances and benactizine." The text's English-translation summary retains psychotomimetic terminology that characterizes psychedelics as "delirogens" that produce "toxic psychotic conditions." The art of healthy psychedelic subjects is described in comparison to schizophrenic art:

Symbolism is not so much in the foreground and composition is not so profoundly disturbed in the graphic production of volunteer painters in toxic psychotic conditions, especially following the administration of LSD,

mescaline and psilocybin. On the whole intoxicated subjects frequently present a spontaneous recording of their hallucinatory and illusionary experiences and often attempt to depict the dynamisms of abruptly alternating visions. In euphoric and hypomanic states their manual speed and available drawing space are sometimes not equal to the flood of dazzling perceptive changes. The expressionistic exaggeration and caricature of some elements in the drawings are reminiscent of the productions from the prehistory of graphic art in which space and time are not yet mastered. Another common feature is the immediacy and directness of the creative product. If a certain regression may be inferred it is one to archetypal levels, to the fundamental features of painting. Such a view is supported by the oft employed ornament during intoxications which is also an ancient mode of expression and is reminiscent of the geometrical records and ornamental drawings in caves and later on various objects of primitive man. In keeping with this view are also the introverted lack of interest in the environment, "spatial insensitivity", loss of established inhibitions and rationally unprepared automatisms. Such regressive mechanisms, however, are in no sense specifically confined to states produced by delirogens; such retrograde processes are repeatedly seen in certain developmental phases of painting. In such comparisons of healthy painters, especially modern ones, we are not concerned here with matters of valuation but with pointers to the understanding of some creative processes.

From all that has been said hitherto it is clear that the symptomatology, electrical brain activity was well as the artistic products of schizophrenics on the one hand and

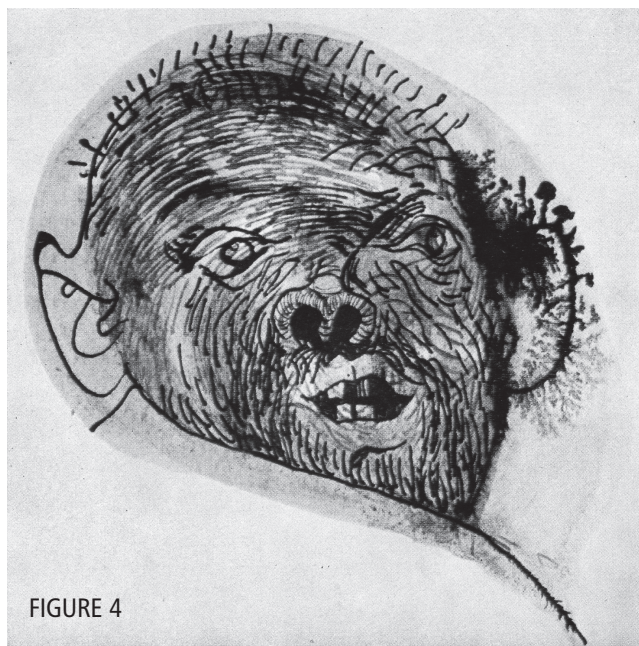


FIGURE 4

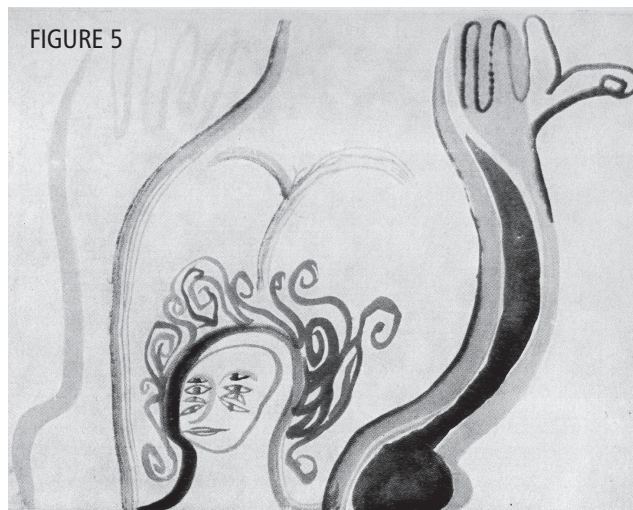


FIGURE 5

The face to the left and female form above were both created under the influence of a psychedelic in a clinical setting. Taken from Jiří ROUBÍČEK's 1961 book *Experimentální Psychosy*.





experimentally intoxicated individuals on the other, are so divergent that their differences far outweigh their allied and similar features.

It was not surprising that hallucinogens came to the attention of creativity researchers who were already interested in dreams, eidetic imagery, hypnagogic imagery, and synesthesia (McKELLAR 1957). They considered these drugs as being useful for understanding abnormal thought processes. Around the same time, psychedelics also came to be regarded as tools for enhancing creativity or for art therapy. In 1955 J.J. SAURÍ and A.C. DE ONORATO gave LSD to “autistic schizophrenics,” who made artistic images that expressed greater openness and readiness for interpersonal contact. Psycholytic therapist HANSCARL LEUNER described psychotherapy wherein chronic neurotic students attempted to use art to portray the content of their hallucinations induced by LSD and psilocybin. LEUNER said that three subjects initially produced stiff drawings, but after subsequent drug sessions they made “large-surfaced freely-conceptualized and often unusually expressive artistically interesting paintings part of which were pregnant with caricature-like traits, and part with intense colors” (LEUNER 1962). In 1952 LÁSZLO MÁTÉFI described how an experimental subject under the influence of a hallucinogen experienced a discrepancy between his intention and performance while making a portrait:

I see the object correctly but draw it falsely; my hands won't follow it.... This desire to paint is harder and harder for me to perform since the expanse of my experience pulls me more and more into it. Myself, the drawing, and the surroundings create a unity—and that hinders me because I cannot concentrate on the model. I have the

need to bring everything including the painted picture into the surface of the image. Had the painting process been more of a technical success, I would have been able to produce a fantastically good work (MÁTÉFI 1952).

Over the course of seven years, OSCAR JANIGER, M.D., collected over 250 drawings and paintings by artists who volunteered for his LSD study, which ended in 1962. The art-

ists painted pictures of a kachina doll before and during their LSD session. Part of JANIGER's collection was displayed in 1971 at the LANG ART GALLERY at CLAREMONT COLLEGE (HERTEL 1971). In 1986 JANIGER hosted the exhibit “The Enchanted Loom: LSD and Creativity” at his home in Santa Monica, California. He displayed this art along with commentary by 25 of the artists (DOBKIN DE RIOS & JANIGER 2003).

After taking 75 µg LSD in a visual psychology experiment in the 1960s, Brooklyn chemistry professor Dr. GERALD OSTER (see Figure 6) began an art career dedicated to painting phosphenes with an oil suspension of phosphorescent pigments (JOEL 1966; OSTER 1970). A 1996 issue of *Wired* magazine reported that Dr. MARIO MARKUS, of the MAX PLANCK INSTITUTE in Dortmund, used OSTER's “glow in the dark” paintings to study how hallucinations are produced in the brain:

To test his hypothesis, Markus investigated sketches made by artist Gerald Oster—sketches

he made of the hallucinations he experienced under the influence of LSD. Markus then digitized the images, fed them into his computer, and applied his transformation algorithms to them in order to work out how these visions looked when mapped out according to the topography of the visual cortex. Pleasingly, the spirals and circles were found to correspond to exactly the simple striped Turing patterns that Markus had predicted.



Figure 6. Dr. GERALD OSTER, chemist turned artist, following his LSD experience; pictured superimposed on one of his paintings. Photograph by YALE JOEL, taken from “Psychedelic Art” in *Life* magazine, September 9, 1966.





In the 1960s the INTERNATIONAL FOUNDATION FOR ADVANCED STUDY in Menlo Park and the INSTITUTE FOR PSYCHEDELIC RESEARCH of SAN FRANCISCO STATE COLLEGE ran a research project on the use of LSD and mescaline for creative problem solving. One of the subjects was a commercial artist. His customer, STANFORD UNIVERSITY, had rejected several of his presentation sketches for a letterhead. He took a psychedelic for the purpose of developing a saleable design. The university later accepted one of the 26 drawings produced in his session:

I started with modifying the original idea of the presentation sketch a little. After a couple of those I dismissed the original idea entirely, and started to approach the graphic problem radically differently. That's when things started to happen. All kinds of different possibilities began to come to mind, and I started to quickly sketch them out on the blank lettersized sheets that I had brought with me for that purpose. Each new sketch would suggest other possibilities and new ideas. I began to work fast, almost feverishly, to keep up with the flow of ideas. And the feeling during this profuse production was one of joy and exuberance: I had a ball: It was the pure fun of doing, inventing, creating and playing. There was no fear, no worry, no sense of reputation and competition, no envy; none of these things which in varying degrees have always been present in my work. There was just the joy of doing (ANONYMOUS n.d.).

The artist ARLENE SKLAR-WEINSTEIN had a single LSD session, which was under the supervision of a psychologist. This experience influenced her paintings for years afterward. She said "it opened thousands of doors for me and dramatically changed the content, intent, and style of my work" (KRIPPNER 1977).

In 1967 LEONARD S. ZEGANS, M.D. led a research group in the United States that published an LSD creativity study. The creative performance on standardized tests given to 19 LSD subjects was compared to the performance of 11 controls who received a placebo. The researchers concluded that administration of LSD is unlikely to amplify creativity in randomly selected people. However, while acknowledging the limitations of their methodology, the researchers speculated "that greater openness to remote or unique ideas and associations would only be likely to enhance creative thought in those individuals who were meaningfully engaged in some specific interest or problem. There should exist some matrix around which the fluid thought processes can be organized if the experience is not to diffuse into a melange of affective, somatic,

and perceptual impressions which may lead to feelings of anxiety or depression" (ZEGANS et al. 1967).

PSILOCYBIN

In the late 1950s and early 1960s, SANDOZ distributed synthetic psilocybin at no cost to European and North American scientists. Consequently, there was a small amount of psilocybin-inspired art before the mid-1970s, when the dissemination of *Psilocybe cubensis* cultivation methods made "shroom art" accessible to the masses.

FRANK BARRON was first to bring psychedelics to the attention of TIMOTHY LEARY by advising him to investigate psilocybin. BARRON participated in the early stages of LEARY's psilocybin research at HARVARD. He published two excerpts from accounts written by artists who were their subjects.

I attempted some drawings but found that my attention span was unusually brief.... Interruptions, such as the model moving, did not really bother me and on at least one occasion a considerable period passed between the beginning of the drawing and its completion (if it could have been called complete even at that point); I simply picked it up and finished it when the occasion presented itself. I seemed to become unusually aware of detail and also unusually unconscious of the relationship of the various parts of the drawing. My concern was with the immediate and what had preceded a particular mark on the page or what was to follow seemed quite irrelevant. When I finished a drawing I tossed it aside with a feeling of totally abandoning it and not really caring very much. In spite of the uniqueness of the experience of drawing while influenced by the drug and my general "what the hell" attitude toward my work I cannot help but feel that the drawings were, in some ways, good ones. I was far better able to isolate the significant and ignore that which, for the moment, seemed insignificant and I was able to become much more intensely involved with the drawing and with the object drawn. I felt as though I were grimacing as I drew. I have seldom known such absolute identification with what I was doing—nor such a lack of concern with it afterward. Throughout the afternoon nothing seemed important beyond what was happening at the moment.

The other painter did not comply with the experimenter's repeated encouragement to draw because it seemed to be an invasion of privacy at the time. This subject recounted:

Now I think that the most important part of what has happened to me since the experiment is that I seem to





be able to get a good deal more work done. Sunday afternoon I did about six hours work in two hours time. I did not worry about what I was doing—I just did it. Three or four times I wanted a particular color pencil or a triangle and would go directly to it, lift up three or four pieces of paper and pull it out. Never thought of where it was—just knew I wanted it and picked it up. This of course amazed me but I just relied on it—found things immediately. My wife was a little annoyed at me on Sunday afternoon because I was so happy, but I would not be dissuaded.

When painting it generally takes me an hour and a half to two hours to really get into the painting and three or four hours to really hit a peak. Tuesday I hit a peak in less than half an hour. The esthetic experience was more intense than I have experienced before—so much so that several times I had to leave the studio and finally decided that I was unable to cope with it and left for good! I now have this under control to some extent but I am delighted that I can just jump into it without the long build-up and I certainly hope it continues (BARRON 1963).

It is now understood that artists will be most productive if they approach their session with an emotional commitment to a specific project; particularly for naïve subjects, they should be already working as their consciousness begins to alter.

In 1962 in California, BARRON and STERLING BUNNELL Jr., M.D. organized a series of experiments with several psychedelics, wherein subjects were encouraged to draw, dance, or make music. One of the subjects was psychiatrist CLAUDIO NARANJO, who received psilocybin. Several of NARANJO's drawings were published in *Scientific American* (BARRON et al. 1964; STAFFORD n.d.). While presenting a paper at a creativity conference in 1964, BARRON screened film footage

of two of his subjects—a dancer and an artist—who were given 30 mg psilocybin. BARRON was working at the INSTITUTE OF PERSONALITY ASSESSMENT AND RESEARCH at the UNIVERSITY OF CALIFORNIA, BERKELEY. Because the institute lacked film equipment, the movie was made by BARRON himself, with the assistance of BUNNELL. The painter did not want to sketch or paint, but she did want to do photography.

The experimenters let her go outside to photograph children and flowers.

In 1964, for the FIFTH UTAH CREATIVITY RESEARCH CONFERENCE, LEARY published encouraging results achieved by administering psilocybin to 65 artists, musicians, and writers

Les Champignons Hallucinogènes du Mexique (HEIM & WASSON 1965–1966) contains photographs of ancient mushroom art, such as a picture from an Aztec codex, photographs of mushroom stones and a mycolatrous ceramic figurine, sketches of native use drawn by Conquistador priests, and botanical illustrations—excellent watercolors of different species. Of greater relevance to the student of modern art are the mushroom-inspired images created by French

subjects in Paris. One woman painted a watercolor of a smiling mother with child, and ten drawings of human faces and animals. Another subject produced several drawings, one portraying CHRIST's crucifixion. Another artist created two well-crafted paintings, one of a two-headed bird and another of a many-eyed dragon (see Figure 7).

CANNABINOIDS

In a forthcoming book, Dr. JAMES KETCHUM (formerly of the EDGEWOOD ARSENAL), plans to publish four pictures by an experimental subject who was administered EA 2233 in late 1961. EA 2233 was a mixture of eight stereoisomers of THC with a heptyl (seven-carbon) side chain that had been

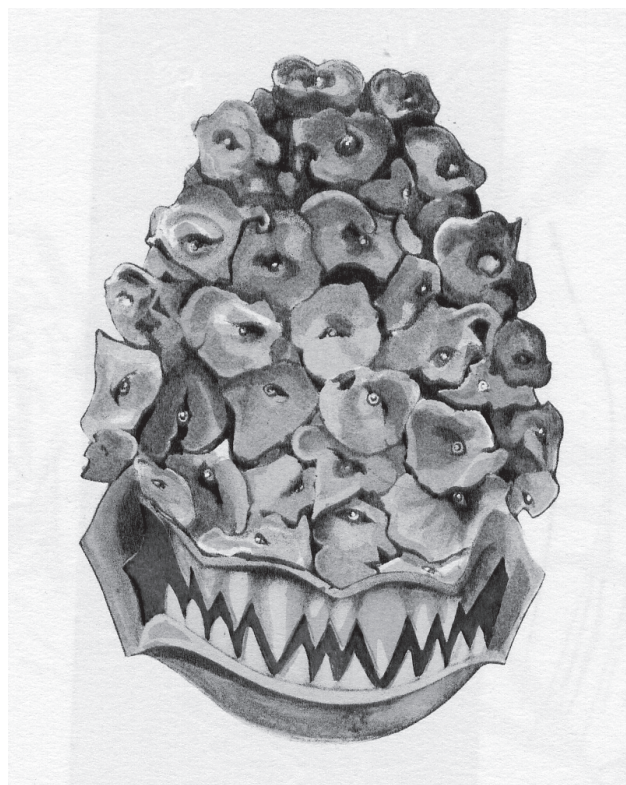


Figure 7. Many-eyed dragon drawn by a psilocybin subject in Paris. Taken from HEIM & WASSON's 1965–1966 book *Les Champignons Hallucinogènes du Mexique*.





invented by chemist HARRY PARS. KETCHUM explained, "At intervals during the experiment subjects were required to 'Draw-a-Man', a commonly used projective test, indicating distortion of self image as well as the physical and mental capacity to create a coherent representation of the human body" (KETCHUM 2003).

MANDALAS AND THERAPY

The term "mandala" originally referred to Vajrayana Buddhist icons that resemble Hindu *yantras*. In 1969, JOAN KELLOGG began having her psychotherapy patients use oil pastels to make circular paintings, which she called "mandalas." KELLOGG collaborated with HELEN BONNY, the pioneering music therapist who worked at the MARYLAND PSYCHIATRIC RESEARCH CENTER (see Figure 8). From there, mandalas were popularized in New Age circles by STANISLAV GROF's Holotropic Breathwork. In 1977 KELLOGG published two pictures of mandalas drawn by an alcoholic who underwent therapy with an unspecified psychedelic at the MARYLAND PSYCHIATRIC RESEARCH CENTER. The patient drew a series of seven mandalas over the course of his treatment. A full description of the case was provided in the unpublished manuscript *The Use of Mandalas in a Case of Psychedelic-Assisted, Time-Limited Psychotherapy*.

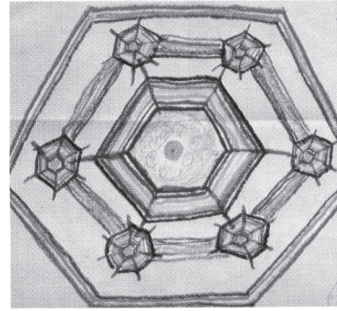
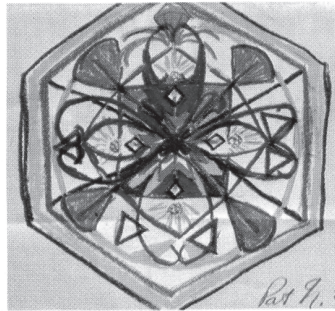


Figure 8. Mandalas created before (left) and after (right) an LSD session conducted at the MARYLAND PSYCHIATRIC RESEARCH CENTER, from SCHULTES and HOFMANN's 1979 book *Plants of the Gods*.

CREATIVITY RESEARCH ENDS

The last scientific experiment on psychedelic art was at the MAX PLANCK INSTITUTE in Munich (KRIPPNER 1985, citing KIPPHOFF 1969). In the late 1960s RICHARD P. HARTMANN administered LSD to numerous well-known artists, devoting about one week to each subject (HARTMANN 1974). Artist FRIEDENSREICH HUNDERTWASSER refused to paint while under the influence of LSD. GERD HOEHMAN could not paint due to a headache elicited by remembering a wartime experience. The work of C.O. GOETZ was indistinguishable from his ordinary paintings. ALFRED HRDLICKA, usually a technical perfectionist, drew caricatures and primitive shapes with crude gusto. WALDEMAR GRZIMEK attempted to draw a female figure but developed anatomy problems insoluble

with his charcoal pencil. The paintings by HEINZ TROKES demonstrated an almost complete disappearance of form. EBERHARD EGGERS and THOMAS HÄFNER succeeded in transferring their mental images onto canvas, and EGGERS' canvas was judged to show improved artistry. Part of the experiment was televised, demonstrating a change in the artists' behavior. WERNER SCHROIB, reputed to usually have an aggressive manner, chatted pleasantly while drawing. MANFRED GARSTKA had a nightmarish time, commenting "I held fast to painting for it was the only thing I had to cling to to save myself from total submergence in an inferno." All the artists concurred that the experience was of value and the work was placed on display in a Frankfurt gallery. Ger-

man web sites carry more information about this experiment, including a description in a dissertation, testimonials by some of the artists, a photograph of an artist painting under the influence of LSD, and more recent psychedelic art by one artist who participated in the *Kunstrausch* (Inebriation Art) show in Hamburg.

EXHIBITS AND COLLECTIONS

In Mexico City in 1971 there was a large exhibit of dozens of paintings and drawings produced by psychiatric patients under the influence of LSD and other hallucinogens. Most of the art came from Eastern Europe where psychedelic psychotherapy was still allowed. Little or none was from the United States, as by then therapists were prohibited from administering psychedelics to patients. This exhibit was displayed at the MUSEUM OF ANTHROPOLOGY in connection with the FIFTH WORLD CONGRESS OF PSYCHIATRY. The CONGRESS, which in various years had presentations on psychedelic psychotherapy, convened at a conference center near the museum.

SANDOZ published two collections of art produced by patients undergoing LSD psychotherapy. Psycholytic psychotherapist HANSCARL LEUNER (1963, 1974) provided commentary. SANDOZ also published psychedelic art in *Pandorama Sandoz* (March–April 1968) and an issue of *Triangle* (see front and back covers of this issue of *The Entheogen Review*).





In 1979 RICHARD EVANS SCHULTES and ALBERT HOFMANN published pictures of LSD art by both psychiatric patients and normal subjects, in their coffee table book *Plants of the Gods: Origins of Hallucinogenic Use*.

TIMOTHY LEARY and JOHN LILLY decorated their homes with psychedelic paintings given to them by admirers, but these collections apparently dissipated after their deaths. No substantial collections of psychedelic fine art—either privately owned or in museums—have come to the attention of the public. However, various psychedelic researchers accumulated personal collections of art produced by patients.

STANISLAV GROF, M.D., collected art during his practice of LSD psychotherapy in Prague and later at the SPRING GROVE STATE HOSPITAL and the MARYLAND PSYCHIATRIC RESEARCH CENTER. His 1980 textbook *LSD Psychotherapy* contains 52 black and white plates and 41 color plates (see Figure 9). These pictures included those created by patients undergoing psychedelic therapy, as well as those by GROF himself depicting the types experiences catalyzed by psychedelics, plus a drawing by GROF of dream imagery from his own therapy while in psychoanalytic training. Further illustrations are found in GROF's other books.

RICHARD YENSEN, M.D., also worked at the MARYLAND PSYCHIATRIC RESEARCH CENTER. He has a collection that "is from patients in MDA therapy and consists of mandalas drawn at our request with oil pastels" (YENSEN 2004).

BETTY EISNER collected some paintings produced by her patients during psychedelic therapy. Creating art was part of her treatment protocol from 1957 to 1964 (EISNER 2004).

SALVADOR ROQUET collected art by the patients at his psychedelic psychotherapy clinic in Mexico City from the 1960s through the 1980s. Some of his patients were artists, including PEDRO ALATRISTE, RODOLFO AGUIRRE TINOCO, and FRED DE KEIJZER (CLARK 1977, cited by KRIPPNER 1980). Dr. YENSEN regarded the art by DE KEIJZER—a Mexican of Dutch ancestry—as particularly notable, and AGUIRRE TINOCO is still active, having participated in a 2002 group show at SALÓN DE LA PLÁSTICA MEXICANA.

POP CULTURE

News about art produced in experiments gradually diffused to the general public. In 1953 *Newsweek* published an article about the use of mescaline in psychiatry entitled "Mescal madness." This featured surrealist composite photographs by German photographer LEIF GEIGES that simulated "the mental patterns described by mescal users."

British novelist ALDOUS HUXLEY first took mescaline in 1953, under the supervision of Dr. HUMPHRY OSMOND. HUXLEY discussed mescaline and art while delivering the opening address—"Visionary Experience, Visionary Art, and the Other World"—at the 1954 DUKE UNIVERSITY LECTURE SERIES in North Carolina (LA BARRE 1975). HUXLEY regularly mentioned psychedelics in his lectures at scientific conferences and he informed the general public about them through his talks at universities, magazine interviews, and written works. Nevertheless, in 1960 HUXLEY expressed a lack of enthusiasm about using psychedelics for art:

Some experiments have been made to see what painters can do under the influence of the drug, but most of the examples I have seen are very uninteresting. You could never hope to reproduce to the full extent the quite

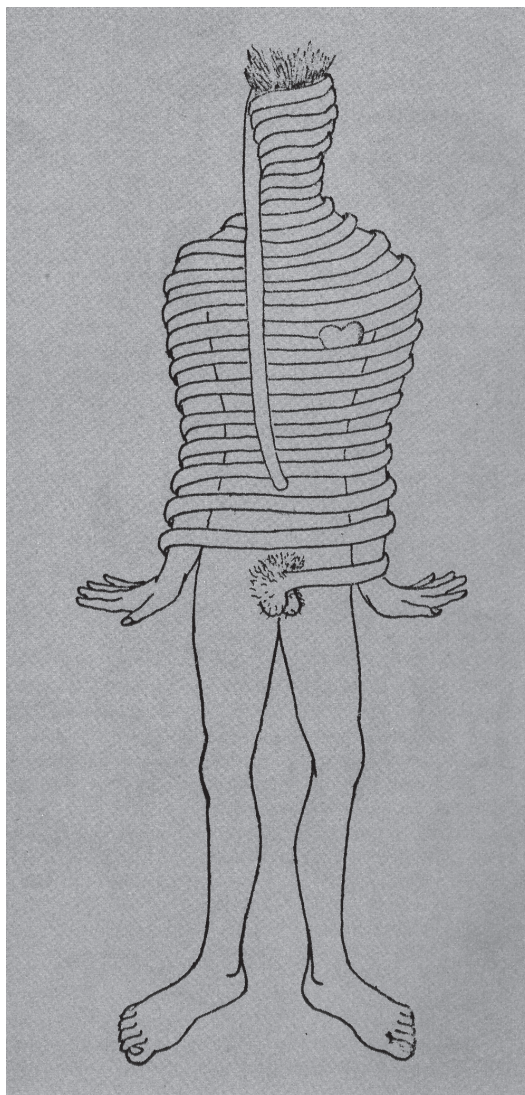


Figure 9. The castration complex rooted in the birth trauma from GROF's 1980 book *LSD Psychotherapy*.





incredible intensity of color that you get under the influence of the drug. Most of the things I have seen are just rather tiresome bits of expressionism, which correspond hardly at all, I would think, to the actual experience. Maybe an immensely gifted artist—someone like Odilon Redon (who probably saw the world like this all the time anyhow)—maybe such a man could profit by the lysergic acid experience, could use his visions as models, could reproduce on canvas the external world as it is transfigured by the drug.

The pulp magazine *Fate* published sensationalistic articles about pseudoscience, parapsychology, and the occult. “Magic Land of Mescaline,” the lead story for a 1956 issue of *Fate*, was an account by CLAUDE CHAMBERLAIN, an experimental subject who took mescaline under medical supervision in a laboratory. Despite making numerous erroneous statements, the author astutely suggested that mescaline might provide a “shortcut” to achievement for artists, inventors, philosophers, and theologians. As cover art for this article, LLOYD N. ROGNAN produced a color painting of a beautiful blond woman—clad only in a flowing diaphanous scarf—prancing through a strange landscape with a polychromatic explosion in the sky (see Figure 10). This picture also appeared in the story itself, along with a drawing of a man who was hallucinating a voluptuous nude woman orbiting the planet Saturn. These pictures did not correspond to the text, and there is no indication that the artist had ever ingested a psychedelic himself; he was probably just assigned the task of conveying the impression that mescaline grants instant access to cosmic marvels and libidinal titillation.

In 1955 the French writer HENRI MICHAUX began painting and drawing under the influence of mescaline, apparently without medical supervision. He displayed 22 mescaline ink drawings in 1957 at Gallery One in London (see Figure 11).

FUTURE TRENDS

In 1962 underground LSD distribution began in the United States. Consequently, psychedelic art rapidly developed outside of clinical experiments and merged *Cannabis*-inspired art. Since the early 20th century, some indigenous hallucinogen-using artists have employed modern painting materials and European artistic conventions such as shading and perspective, and distribution to an international market. In the 1990s, non-native artists began experiencing visionary plants in traditional shamanic settings. Contemporary psychedelic art and indigenous hallucinogen-inspired art will undoubtedly continue to converge in the 21st century. ☉



Figure 10. “Mescaline art” on tabloid magazine cover.



Figure 11. An untitled ink drawing done by HENRI MICHAUX, under the influence of mescaline, from the collection at the TATE GALLERY.





NETWORK FEEDBACK

MORE ON MEMANTINE HYDROCHLORIDE

With consideration of the words of caution about memantine hydrochloride, presented in the Winter 2003 issue of *The Entheogen Review*, I want to provide some further information. If memantine is used at the suggested amounts of up to 20 mg per day, it acts like small dose of amphetamine: it enhances vigilance, it is slightly euphoric, and it helps focus one's concentration. Memantine definitely does *not* help you to relax. If you take more than the 20 mg per day, it feels as though there is some deep vibration within the body, and insomnia is a result. Future use of memantine will probably be as a replacement for amphetamine or caffeine.

The fastest-acting version available is the liquid preparation, sold in bulk to hospitals at horribly high prices. A prescription is required to obtain this. In liquid form, memantine seems to absorb relatively quickly through the mucous membrane; it tastes bitter and creates a strong cooling sensation on the tongue and within the throat, which takes some getting used to. How long it is in contact with the mucous membranes seems important with regard to its speed of action: the longer one keeps it in one's mouth, the faster it acts. However, the resulting total effect will be the same if it is swallowed directly—it just takes longer to get there.

If it is not possible to get the liquid version and one still wants to achieve delivery via the mucous membrane, this is not a problem, as the pills dissolve very fast when held in the mouth.

Memantine seems to lower tolerance to substances other than morphine. I found this to occur when I took *Psilocybe cubensis*, resulting in a valuable overdose. (I had wanted a nice museum-level dosage with no visuals and enhanced thinking abilities; instead, I got some subtle visuals and way too much going on in my mind, using about a quarter of the mushroom dose that I would have normally needed). I used 10–15 mg of memantine once daily, over the course of four days, so it was about 70 mg memantine in total. Also caffeine seems more potent than usual, so it is more common to have side effects like nausea or cold sweating hands.

The suggested dosing approach is to start using 5 mg per day over the course of five days. After this it is suggested to use 10 mg per day as the regular dosage. Only those using it for treatment of Alzheimer's disease should take up to 20 mg per day as this dose in healthy people will result in shakiness, insomnia, problems with fine motor coordination (such as is needed to assemble watches), and flashes of euphoria.

The article in the Winter 2003 issue of *The Entheogen Review* notes that memantine accumulates in the body when used regularly. If one uses memantine for a long period, it takes about one week until it stops acting. So if someone needs to stop using memantine—because limited doses are left and a new supply is not available—it will keep working with a soft downscaling over the course of at least a week. I did not notice any major withdrawal-related problems following the two months that I took memantine. About two to four days after I quit taking it, there were some sensations on my skin at the legs from the knees down. It was as though my lower legs were hyper-sensitive to a light touch. If the skin was touched directly, this was fine. But if something close to them touched them lightly (like a pair of jeans), it felt like the soft burning of nettle. It was not really painful, but noticeable. Also the muscles in my calves felt as though they were going to cramp up, but they never actually did cramp. So it was noticeable when I stopped taking memantine, but not really problematic. (Since the price is so damn exorbitant, this is a good thing!) — E.B., Berlin, Germany

EVEN MORE ON MEMANTINE HYDROCHLORIDE

A strange coincidence occurred. Right about the time my housemate came home one day with a month's sample supply of memantine hydrochloride, the Winter Solstice 2003 issue of *The Entheogen Review* arrived in my mailbox. I held the magazine in my lap, and voilà! It fell open to an article on this very compound. It seemed that the gods were conspiring to get me high.

Needless to say, being the devoted psychonaut that I am, I immediately set about coaxing a 100 mg dose out of my





housemate. About an hour after taking it, I started to feel slightly altered. How exactly, is hard to describe—just that the world was starting to look somewhat different around the edges. More shimmery and colorful. The drug took about three hours to come on fully, and then—quite frankly—it left me wishing I wasn't high. And it just went on, and on, and on.

It was very much like the ketamine experience except without any of the cosmic "ah ha!" moments. It had none of the spiritual or emotional insights that ketamine has. My body had that strange puffy feeling, like it was made of styrofoam, the visual environment had a fuzzy cast to it, and it was a little hard to walk or stand up without a wobble. I found myself in a somewhat morose and dissatisfied mood and didn't know what to do with myself. This could be attributed to my mindset before the trip, but who can say for sure? This continued for a full eight hours, at which point I decided to put myself out of my misery and knock myself out with some benzodiazepines.

Would I try it again? Maybe. It struck my mind at the time that this compound could be made more interesting by combining it with something like MDMA, GHB, or both.

Don't try combining this drug with ketamine, however (which is like committing some sort of pharmacological oxymoron in the first place). My housemate injected 1 ml of ketamine within 24 hours of having taken 90 mg of memantine hydrochloride, and she had a heretofore unparalleled response to the ketamine. She has built up a very high tolerance for ketamine, and can function normally if the situation calls for it on a dose of this size.

This time she reported to me that, shortly after the injection, she unwittingly exhibited some strange behaviors that were totally out-of-character for her, and then proceeded to completely leave her body. She said that she felt as though she was possessed. Afterwards she had very little memory of what had happened, but it involved a pest control man who had stopped by the house unannounced and the situation developed from there. NOT good. I won't go into the details, but suffice it to say, don't be tempted to try these two without supervision, unless you scale way down on your normal dose of ketamine. They appear to potentiate one another a great deal. I guess this could be attributed to the long half-life of memantine hydrochloride.

Happy trips! If you *do* decide to try this compound, I wish for you a better time than I had. Still, I think that it might warrant further investigation with some additives in the cocktail for spice. — C.H., CA

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TEN KRATOM BIOASSAYS

I wanted to share with you the results of my having given *Mitragyna speciosa* to ten people over the past month. The *kratom* came from CIELO ETHNOBOTANICALS and is a finely ground powder. This material is considerably less potent than other *kratom* that has occasionally been on the market; I have found that a dose of 12–15 grams is needed, as opposed to 2 grams of the higher quality material. Because of the larger amount needed, it is only practical to consume it by making a tea out of it, whereas if one uses the higher quality material one can simply chew 2 grams of the leaf and hold it in the mouth as a quid.

Of the ten people who tried the *kratom*, eight had pleasant experiences and two did not. The two people who had bad reactions experienced prolonged nausea and vertigo and had to spend several hours lying down—any movement caused an increase in their symptoms. One of these people felt





psychoactive effects in addition to the nausea and vertigo, while the other person felt nothing other than the unpleasant effects. Anyone can experience these unpleasant effects if they take too much *kratom*, but based on these ten bioassays, it also seems that perhaps 20% of the people who try it may have a bad reaction even at the recommended dose.

Two of the ten people cited above were heroin users who were in the process of withdrawing from the drug. One subject was a long time user who consumed about 2 grams per day administered IM, while the other person had just recently developed a dependence on the drug and was using 0.5 gram to 1 gram per day administered nasally dissolved in water. Both people found the *kratom* lessened their withdrawal symptoms and allowed them to get some sleep on the first night of their abstinence. They were still experiencing withdrawal symptoms, but those symptoms were ameliorated by the *kratom* tea. As would be expected, the person who had more recently become habituated, and was using only 25% to 50% of the heroin that the long term addict was using, experienced more relief from the *kratom*. Both people consumed the tea several times in the first 48 hours of their withdrawal, but got the most relief from the first dose and then steadily diminishing relief from each subsequent dose of the tea. Nevertheless, it seems *kratom* can be beneficial during opiate withdrawal and is worth trying since so few things help during this unpleasant process. — ALTOID

MORE THOUGHTS ON KRATOM, AND ANOTHER TEN BIOASSAYS

If you are looking for a visionary plant, don't read any further. I have tried every opiate in general use, and *kratom's* effects most assuredly fall into the classification of "opiate-like." Personally, I have found the dried powdered leaves of *kratom* to be the most powerful and euphoric opiate-like material I have ever ingested. From my limited experience to date, I would say that *kratom* may have a very substantial potential for addiction.

I've ingested the powdered leaf material on two occasions, and have determined my dose range to be between one teaspoon and two-and-a-half teaspoons. Keep in mind, of course, that different people do react differently to botanicals, based on their individual sensitivities to the item in question.

My first experiment consisted of the ingestion of one teaspoon of powdered *kratom* at about 5:00 pm. It took about 90 minutes to fully come on to the effects. Most of these effects were typical of other rather potent opiates, but the *kratom* had much more of a stimulating effect than anything else I have ever used. Kind of like it included a big dose of caffeine, although it didn't feel exactly like caffeine or any other stimulant that I have ever experienced; it was a unique stimulation. It also had a pleasant euphoric quality, which I find impossible to describe; I expect that one must experience it to truly understand it. By about 2:00 am the next morning, I was still quite high, but I felt exhausted from being up so late. Finally, realizing that sleep would not come on its own, I took 10 mg of Valium™ and a couple of hits of *Cannabis*. I drifted off, but sleep was spotty and fitful. The next morning I was tired from lack of sleep, but as the effects from the *kratom* had mostly abated by this time, I did not have any noticeable unpleasant side effects. On the contrary, I felt very relaxed and had pleasant lingering aftereffects.

The second time I tried it, I started off with one teaspoon at 9:00 am. By 10:00 am I was feeling really good and quite stoned. I ran around my house cleaning up and putting things away until about 12:00 noon. I got more accomplished that morning than in all of the previous week. It was like being on a euphoric, opiated, speed high, and I was very efficient in completing my tasks. At 12:00 noon I took another teaspoon of the powder and went to a job washing windows for a private residence. Now, I really *hate* window washing, but on this day I loved it. I worked fast, was well organized, and did an excellent job. By 7:00 pm that night I was coming down, but was still in a considerably euphoric state. At 9:00 pm I went to bed, wondering if I would be able to sleep. I got nine hours of restful sleep that night, with very pleasant dreams.

I love this plant, at least up to this point in my experience. The day after my second experiment, I felt like a million bucks. The only side effect was some constipation the next day (which is also typical of true opiates).

I later gave two slightly heaping teaspoons each of powdered *kratom* to ten people. Everyone got totally wasted and loved it. We all agreed that it is one of the finest drugs we have ever experienced that has opiate-like effects. We took it while some of us were coming off of psilocybin-containing mushrooms and some of us were coming off of peyote. Again, it is the best opiate-like drug that I have ever taken, providing four hours of euphoric stimulation followed by six or so more





hours of blissful heavy narcotic feelings, followed by a deep, restful sleep. This is really potent shit!

I obtained my *kratom* from HERBAL-SHAMAN, who I have bought products from for many years, and who I have always been satisfied with. They are getting the material directly from Thailand. Where can I get seeds or live plants of *kratom*? That is the only remaining question in my mind. Euphorically yours. — B. GREEN

We are not aware of any vendor currently selling *kratom* seeds. Vendors of the live plant include THEATRUM BOTANICUM for \$35.00 each, NATIVE HABITAT for \$45.00 each, and THE BASEMENT SHAMAN for \$93.00 each.

Note that following our article on bogus *kratom* (see the Vernal Equinox 2003 issue), we have more recently been made aware that dried *kratom* which has been properly identified is now being sold by quite a few ethnobotanical companies. Most of this material originates from the same source and has been collected from wild plants, and it is not as potent as that which is specifically selected and grown for its use as a drug. This does not mean that the wild material is not effective, it just means that more must be taken. Good results have been reported by most people using 14 dried grams of leaf which is made into a tea (boiled for 15 minutes twice, using fresh water the second time). Nausea and vomiting are not uncommonly reported from doses of 25 grams made into a tea. Doses of 50 grams have been said to produced closed-eye visuals (likely with

dizziness, nausea, and vomiting as possible side effects). Even low doses cause dizziness in some people. Although it may be difficult to compare effects from dried leaf eaten directly to that of a tea, from the doses that you mention—one to two teaspoons of dried powdered leaf (which weigh 1.5 to 3 grams)—it would appear as though you definitely are working with one of the potent strains and not the less potent wild material that is newly and more widely available. The wild material is distributed via CIELO ETHNOBOTANICALS (and also sold via several other companies). CIELO charges \$19.00 for 50 grams. The material from HERBAL-SHAMAN sells for \$50.00 for 50 grams. However, considering that 50 grams of HERBAL-SHAMAN's material equals about 25 doses (\$2.00 per dose), and 50 grams of CIELO ETHNOBOTANICALS material equals about 3.57 doses (\$5.32 per dose), buying from HERBAL-SHAMAN seems prudent. Although we were unable to locate any information about the sale of *kratom* at the HERBAL-SHAMAN web site, they assured us via e-mail (shaman@herbal-shaman.com) that they are indeed carrying this material. — Eds.

ANADENANTHERA COLUBRINA AS AYAHUASCA

I finally got around to trying this combination, and it's pretty molly-fucking impressive! First I tried smoking a bit of the seed, just to check for activity; it had plenty. However, since I'm not such a big fan of smoking tryptamines, I decided I would ingest it with two grams of *Peganum harmala* seed.

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Why only two grams? Well, the stuff was bought almost ten years ago, and I read somewhere that with age, harmine converts to harmaline—and I didn't want to be overwhelmed by the effects. In any case, it worked. Along with the *P. harmala* seeds, I took four crushed *Anadenanthera colubrina* seeds. As the smell of them was nauseating, I packed the powder into gel-gaps. It took about 15 minutes to get an alert, and then after about 45 minutes I began to flash a bit—but nothing real heavy. I felt somewhat uncomfortable and sorta queasy. At about one hour into it, I went out for a smoke. My legs felt numb. Uh-oh, here it comes; I ran to the bathroom and had a purging/puking event—not real pleasant, but not entirely unexpected considering the way the stuff smells. As soon as I finished throwing up, wham! Instant plus-3. I came to the living room and fell onto the couch. Looking up at the ceiling, I saw it was covered in wavy lines with multi-colored diamond shapes wherever the lines intersected. Wow! Eyes opened, eyes closed—it didn't matter. It felt rather as if the physical me was about to disappear after several minutes (years? centuries?) passed. I went to the bedroom to lay down in the dark; here, the visuals became even more intense, nearly overwhelming. Light from the other room was painted on part of the ceiling and this became a sort of hook which snagged me and suddenly I was just hanging there. Fuck this noise; I went back to the front room and put on some BEATLES music. After an hour or so, the visuals faded a bit and I just laid there for the next four hours. What is odd is that I thought the trip would last about three to five hours. But this was not the case. After the effects presumably from DMT wore off, there was something else present. I thought that I was mostly down at seven hours after taking it, and I stepped outside to smoke a cigarette, and found myself still at plus-2.5! It took over eight hours to wear off; I'm not exactly sure, as I fell asleep. Wow! This kinda dashes my hopes that this would be a good short "summer" trip; it lasts too long, and I despise the daylight when I trip (well, not so much the light itself, as what it shines on). Anyhow, if someone wants the ayahuasca experience in a simple to prepare form, this is it—don't bother with *Psychotria viridis* or *Phalaris* grass (yech!). If you don't mind a bit of physical discomfort, I recommend it highly. — Doc, IN

REPLY TO "AMT SHELF-LIFE"

After reading your suggestion in Vol. XII, No. 2 of *The Entheogen Review* that the "AMT" I reported on was really 5-MeO-AMT, I considered getting it tested. But since I didn't

know where to send it, and—when it comes down to it—I'd probably be too paranoid to send it anywhere anyway, I took another approach. I had gotten into a conversation with some people who were asking if I knew where to find any LSD. (Yeah, right. I haven't seen any LSD since 1989!) I said that I had no idea, but that I could get them something that was kinda-sorta like LSD. It was a freebie, I said. All I wanted in return was that they gave me a full report. There were three "subjects" in this experiment: a guy weighing 250 pounds, another guy weighing 150 pounds, and a girl weighing 130 pounds. (Recall that I previously mentioned that 2–3 mg is plenty potent with this material for me, lasting 17 to 20 hours, and I weigh 150 pounds.) I gave each of these people 4.5 mg. The big guy said that he felt like he was about ready to trip, but never quite made it. I interpret this as a plus-1. The girl said it was too intense, and she mostly felt ill from it for a 24-hour period. The second guy called me the next day to see if he could score any more of it from me. He claimed to have gotten off like a rocket. He said that he took half of it to start with (which is what I told all of them to do), but since it didn't seem like it was doing anything, he took the rest. He reported auditory distortions to begin with, then a powerful rush, insomnia, inability to sit still, and some visuals (mostly in reds and oranges). His report was almost identical to my own 5 mg experience. Now that some other people have bioassayed the material and most have gotten strong effects, I figure that the stuff probably is 5-MeO-AMT. — ANONYMOUS, IN

NEW RESEARCH CHEMICAL: 5-MeO-DALT

I was recently at a gathering where three friends were trying out a new "research chemical" that seems to be making the rounds: 5-MeO-DALT. Having heard nothing about this one, and without getting any hits at the EROWID search engine, nor even anything at GOOGLE, I asked SASHA SHULGIN about it. Turns out that 5-MeO-DALT was something that a few people had tried out, but the reports hadn't yet been published. SHULGIN provided a dosage range of 12–20 mg orally, and a duration of 2–4 hours. Qualitative comments from various anonymous sources included the following:

(with 10 mg, orally) "I am looking at everything through someone's open friendly eyes, not mine. I would like to go through life like this if others saw me as OK. I am 10 feet tall, my pulse is 72 but uneven, and light-headed is a better describer of where I am than psychedelized."





(with 16 mg. orally) “The music was fabulous, as was the sex and neither of us had a problem with orgasm. But there was a total lack of imagery—less than I would normally have to the music when unstoned, so there might have been an actual suppression. I was pretty much baseline by the third hour.”

(with 20 mg. orally) “It’s coming on strongly in 15 minutes, and at the half hour point I am at a +++ with eyes closed—but nothing with them open! No hang-over.”

Reports on the effects that my friends experienced follow. The first is from “T”:

12:30 pm: C, T, and J, orally ingested 29–30 mg of 5-MeO-DALT.

12:45 pm: C feels the onset of effects.

1:10 pm: Everyone is coming on by this point, and feeling an energy surge through our bodies.

1:30 pm: C feels that the increased energy is uncomfortable, so she takes a Xanax. *[Note: There is a discrepancy in this report, as C makes no mention of the Xanax, and instead reports below having taken 40 mg of oxycontin. —Eds.]*

3:15 pm: J reports the effects have reached a pleasant, cruising “museum” level. T reports a sparkle around the edges of plants similar to the visual effects that she gets from San Pedro cactus. Also, T’s closed-eye visuals are colorful.

3:30 pm: C says that the Xanax helped to even out the energy in her body.

3:45 pm: Everyone is gradually coming down at this point, and has nearly reached baseline.

A second report, this time from “J,” JUSTIN CASE:

Recently I had the opportunity to sample a compound called 5-MeO-DALT. Three of us took it orally at a dose of about 30 mg. Overall the effects were mild with a distinctive tryptamine signature. In this case, a brightening of the world followed administration, with a magical glow surrounding everything. I felt mildly but decidedly elated, almost sparkling inside, with an enhanced richness of perception and tactile sensation that made me wonder how it would function for prosexual applications. My guess is quite nicely. There were moderate rushing or surging sensations of energy but these were limited to the back of my head, neck, shoulders, chest and

upper back rather than ever becoming fully spinal. I perceived limited minor visual aberrations at this dosage, something I only noticed when walking around marveling at the wondrous diversity of life forms and patternings. Closed-eye imagery was nicely enriched but was not particularly noticeable unless I was specifically looking for it. Physical movement was accompanied by a mildly exaggerated sense of not quite swirling, not quite pulsing motion in the visual field but when keeping still this was not noticed. There was only a minor diminishment of articulation in thought flow, nor was there much difficulty in either speech or conversation and there was no discomfort being around people. The decided enhancement of appreciation of beauty accompanied by a deliciously pronounced sense of wonder suggests that this would also be a good choice of compound for augmenting a visit to a museum or botanical garden. It also seemed mildly empathogenic. In conclusion, I found it mild, manageable, and exceedingly pleasant; inducing a strong sense of well-being bordering on stimulated contentedness. However one person who ate the same amount at the same time felt the need to abort it with Xanax almost immediately after onset (perhaps this was even during onset) due to the rushing sensations that she described as an uncomfortably intense body load. The only minor complaint is that I wish I’d used a larger dose. Next time I encounter this, I would try 35 mg, probably increasing that to 50 mg, if 35 proved comfortable. I would highly recommend this compound for any type of sensory and perceptual exploration.

The third report, this time from “C”:

Recently at a social gathering I had the chance to try 5-MeO-DALT. How much did I take? I can’t remember. *[According to the other two reports, everyone took the same amount of about 30 mg. —Eds.]* I do know that I was underwhelmed by the experience. It came on around 30 minutes after ingestion and manifested in an uncomfortable way in my body. I was aware of energy rushing up my spine and it felt so intense, but without an outlet for expression somehow. It made me feel edgy and restless. I thought that having sex on it would probably be nice, but as there was no one to have sex with at the time, I may never know because I am not likely to try this compound again. The evening progressed with a plethora of other drugs, so I ended up having fun after all. I initially tried snorting 40 mg of oxycontin to smooth out the 5-MeO-DALT, and this worked well. The rushing energy was replaced by a feeling of melting like butter.

I would be interested to hear about other experiences with 5-MeO-DALT in a future issue of *ER*. — FORK!, CA





EVENTS CALENDAR

AYAHUASCA HEALING RETREAT AUGUST 6–15, 2004

Held in the Brazilian Amazon, this retreat features ceremonies with ayahuasca and *Salvia divinorum*, lectures, art work expression, transpersonal exercises, meditations with sound/light brainwave synchronization and psychoactive frequencies, and excursions. Presenters include PABLO AMARINHO, ZOE SEVEN, and SILVIA POLIVOY. For more information, see www.ayahuasca-healing.net.

TELLURIDE MUSHROOM FESTIVAL AUGUST 19–22, 2004

Designed for people interested in edible, psychoactive, and poisonous mushrooms, the TELLURIDE MUSHROOM FESTIVAL includes mushroom lectures, forays, hands-on identification and cultivation workshops, mushroom poetry, and a mushroom parade that runs down the main street of Telluride and features festival participants dressed as mushrooms, spores, and other elements of the mycological world. The festival's second annual "Mushroom Cook-off Feast" features chefs from Telluride's top restaurants, who will prepare mushroom dishes to be judged by festival faculty. The winning chef will receive a chef's hat adorned with mushrooms, and festival goers will dine on the mushroom dishes. Experienced guides will lead daily fungus forays in the forests surrounding Telluride, generally productive of a wide variety of wild mushrooms, particularly edible species, like chanterelles and porcini. Presenters include GARY LINCOFF, PAUL STAMETS, RALPH METZNER, EMANUEL SALZMAN, and others. Complete information about the festival program, registration, lodging, and travel is available. Contact: FUNGOPHILE, Box 480503, Denver, CO, 80248-0503 • (303) 296-9359 • www.shroomfestival.com.

ENTHEOVISION 2 AUGUST 21–22, 2004

The ENTHEOVISION 2 congress will be held at the UNIVERSITY OF APPLIED SCIENCES in Berlin, Germany. This gather-

ing will feature presentations and workshops from 18 researchers, scientists, and artists from Europe, the United States, and Canada. The conference is produced by *Entheogene Blätter* (www.entheogene.de), the German spin-off of *The Entheogen Review*. With presentations and/or workshops by: ANN SHULGIN, SASHA SHULGIN, JON HANNA, CHRISTIAN RÄTSCH, CLAUDIA MÜLLER-EBELING, SERGIUS GOLOWIN, WOLFGANG BAUER, JOCHEN GARTZ, MARKUS BERGER, DAVID SCHLESINGER, BERND LAUER, TRAUMKRAFT, ULRICH HOLBEIN, WOLFGANG STERNECK, AROMED, VEREIN FÜR DROGENPOLITIK, "EVE&RAVE BERLIN" (HANS COUSTO), SECTOR 16, and SANDRA KARPETAS. There will also be an art gallery, psychedelic marketplace, computers with Internet access, and on-the-fly translation of English and German in both directions. LOW COST CONFERENCE! Admission for both days is only 60 euros per person (meals not included). ENTHEOVISION 2 takes place one week before the psy-trance dance BOOM FESTIVAL in Portugal begins. Stop over in Berlin before you travel to Portugal. For more information about ENTHEOVISION 2 visit: www.entheovision.de or send an e-mail to: info@entheovision.de. The registration form can be found at: <http://entheogene.de/cgi-bin/kong-eng.py>.

BOOM FESTIVAL AUGUST 26–30, 2004

15 to 20 thousand folks converge in the beautiful Portuguese countryside for this outdoor psy-trance dance festival. The event's LIMINAL VILLAGE zone will host daytime workshops, evening presentations, an all-night cinema, a visionary art gallery featuring the work of ROBERT VENOSA, MARTINA HOFFMANN, LUKE BROWN, and ANDY THOMAS, the MAPS COSMIKIVA SANCTUARY, a small market space, chai and food stalls, a PLANETARY ART NETWORK zone, as well as a healing temple offering body work and other healing modalities. This project aims at crafting a new vision of global culture from the ground up. On site camping for the festival is available. With presentations by NAASKO, JON HANNA, JORGE FIALHO, MARK COMINGS, LUIS EDUARDO LUNA, ROBERT VENOSA, MARTINA HOFFMANN, THE KOAN BROTHERS, RICHARD GLEN BOIRE, and others. For more info see www.boomfestival.org.





SOURCES

by JON HANNA

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A new group offering ayahuasca sessions in the Amazon. Three sessions are held during the week-long seminar, and the traditional dietary restrictions and sexual abstinence are required. Attendance is limited to 12 participants, and the next sessions will be held July 17–23 and August 14–20, 2004. Lodging and all meals are included in the reasonable price of \$700.00. Check their web page for more information.

PROTECT LIVE MUSIC

www.protectlivemusic.org

The DRUG POLICY ALLIANCE's project to fight proposed legislation that could hold DJs, bands, bartenders, promoters, and venue owners liable if a patron uses drugs at a nightclub or concert. If such legislation is enacted, it could have a chilling effect on music events. From their web site:

"Congress passed the ILLICIT DRUG ANTI-PROLIFERATION ACT (also known as the RAVE ACT) last year, making promoters and venue owners liable for the drug offenses of their customers...Now Congress is considering two new bills that threaten to effectively ban live music and dancing while throwing innocent people in jail...

"The ECSTASY AWARENESS ACT (H.R. 2962) would throw anyone in jail who 'profits monetarily from a rave or similar electronic dance event knowing or having reason to know' if some of the event-goers use drugs. Similarly, Section 305 of the CLEAN-UP ACT (H.R. 834) makes it a federal crime—punishable by up to nine years in prison—to promote 'any rave, dance, music, or other entertainment event, that takes place under circumstances where the promoter knows or *reasonably ought to know* that a controlled substance will be used or distributed.'

"This makes no sense. Since the government can't even keep drugs out of our federal prisons, everyone has reason to know drugs may be used at their event. Every music concert attracts some people who may use or sell drugs. These provisions make criminals out of every concert promoter, nightclub owner, and stadium or arena owner.

"The language of the ECSTASY AWARENESS ACT is so broad that bartenders, musicians, and anyone else that in any way profited from an electronic music event could be fined or jailed. Section 305 of the CLEAN-UP ACT is so broad that every musical style could be affected, including rock, Hip-Hop, country, and electronic music. Indeed, any property owner (including hotel owners, cruise ship owners, and casino owners) could be hurt under the CLEAN-UP ACT, since it is reasonable to assume that any entertainment event that draws a large crowd (especially young people) will draw people who will try to use or sell drugs. (It should be noted that Section 305 of the CLEAN-UP ACT is the only section of the bill that is problematic. Other than that section, the CLEAN-UP ACT is largely a good bill that provides resources to train law-enforcement officers how to dismantle illegal methamphetamine laboratories without hurting the environment).

"Disturbingly, it does not matter under either the ECSTASY AWARENESS ACT or the CLEAN-UP ACT if event promoters and property owners take steps to deter drug offenses. They can be prosecuted even if they have good security and a strict zero-tolerance policy. Nor does it matter if the vast majority of people attending the event are law-abiding citizens that do not use drugs. These bills criminalize entire events and everyone involved in such events, raising very serious free speech and due process issues. Racist or homophobic prosecutors could also use the laws to target Hip Hop and R&B concerts and gay and lesbian nightclubs.

"People should not be punished for the crimes of others, nor should the government be frightening law-abiding businesses away from holding legal events like rock, country, or Hip Hop concerts. The DRUG POLICY ALLIANCE and its coalition of partners will continue to work to protect the





music industry, prevent the further criminalization of dance and music events, and mobilize opposition to these dangerous laws.”

Check out the web page listed above for more information.

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www.psychedelicoptelligence.com

Primarily a book vendor of psychedelic titles, these guys are taking up where MIND BOOKS left off, with over 300 titles to choose from currently. Although they operate out of the United Kingdom, their site has the nice feature of allowing you to choose in what currency you want their offerings listed via: pounds, dollars, the euro, or the yen.

Their selection is wide and fairly complete. They offer a few TROUT'S NOTES that are no longer obtainable from TROUT himself, as well as a couple other rare or out-of-print books. Their book lists are broken into reasonable categories (and sometimes subcategories), and the site is well-designed and fast to load. However, I would love to see a page that lists *all* of their titles alphabetically in a single spot, perhaps with new additions highlighted. Their web site also features a forum with very little posted as yet, and a gallery, which I was unable to connect to. Hopefully these aspects of Psy-I NETWORK will further bloom in the future.

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BOOK REVIEWS

Witchcraft Medicine: Healing Arts, Shamanic Practices, and Forbidden Plants by CLAUDIA MÜLLER-EBELING, CHRISTIAN RÄTSCH and WOLF-DIETER STORL. 2003. (INNER TRADITIONS INTERNATIONAL, One Park Street, Rochester, VT 05767, www.InnerTraditions.com.) Trade paperback 0-89281-971-5. \$24.95. [8" x 10"], 240 pp.

Note: The reviews below were first published in the Entheogene Blätter and are based on the original German text Hexenmedizin [fourth edition, 2002. AT VERLAG, Aarau, Switzerland, ISBN 3-85502-601-7]. The reviews have been translated and by CHRISTINE BADOW and HELEN HANNA, and adapted to reflect the English translation of the book, the publication details of which are presented above.



Please compare the following cures:

1. “To cure a toothache, find a willow or an elder tree in spring, carefully remove some bark from the eastern side of the tree, carve a splint out of it and scratch your gums with it until blood appears. Then put the bloody splint back in its place on the tree, cover it with the bark and tie it up. If the splint adheres and becomes a part of the tree again, then the evil will go away. If the splint does not adhere, the cure must be repeated next spring.”
2. “For toothaches the afflicted scraped his gums with an elder chip until the affected area bled. Then the chip was placed back on the branch from which it had been taken. [...The] elder guided the toothache downward into the earth.”

The first quotation is taken from the *Hauslexikon* (household encyclopedia), LEIPZIG 1837 (volume 7, page 800, edited by GUSTAV THEODOR FECHNER). The second is from the book *Witchcraft Medicine: Healing Arts, Shamanic Practices, and Forbidden Plants* (page 45) by CLAUDIA MÜLLER-EBELING, CHRISTIAN RÄTSCH and WOLF-DIETER STORL, which I am going to review here.

FECHNER provides examples of sympathetic medicine from old documents simply to encourage doctors to fight superstition. He proposes to invalidate superstition by directly confronting people with carefully carried out medical observations. In contrast to this, STORL goes on and on praising “witches’ cures” as everlasting secret knowledge that stems





from the Paleolithic Age. Don't expect critical footnotes for the examples STORL cites—there are none. The subtitle of this book in its original German edition is “The Rediscovery of Forbidden Medicine—Shamanic Traditions in Europe,” and STORL claims that witches and sorcerers “reach deep into the earth and tap into the healing waters of primordial wisdom.”

CLAUDIA MÜLLER-EBELING's contributions are the highlights of the book. Based on works of artists living in early modern times (e.g. ALBRECHT DÜRER, HANS BALDUNG GRIEN) she presents the image of the witch as seen by these artists or their patrons. However, one cannot say if living “examples” of this image have ever really existed. There are only images that have been handed down, and subsequent ones based on them. I am certainly not convinced by the thesis that MARY, the mother of JESUS, is the counterpart of a typical “witch.” Nor would I find any enlightenment in the depiction of MARY living in sin with the aged carpenter JOSEPH. Even then, being engaged meant for Jews that they had *already* achieved a legal marital status. Thus, when LUTHER (the first to translate the Bible into German) described JOSEPH's fiancée as “MARY, his confidante and wife” he did not falsify any biblical content. Nowhere in the Gospels do the authors emphasize that JOSEPH was an old man when JESUS was born. He did not abstain from intercourse with MARY because of senile impotence, but out of obedience to God. The idea presented by MÜLLER-EBELING, that MARY lived in sin with JOSEPH only to avert her divine lover (to avert whom?) “who appeared in her lonely chamber—accompanied by a winged messenger—for insemination” [*translated as quoted from the German version of this book, and worded less graphically in the English version*] clarifies the message the author wants to convey: she disparages a chapter of Christian tradition only to romanticize abstruse pagan values. [*It should be pointed out that nowhere in the English translation of this book is the relationship between MARY and JOSEPH characterized as one of “living in sin.” — Eds.*] Duplicating this unearthly procreator (one: an angel, two: the divine lover who inseminates MARY) does not comply with the legend of the Annunciation, where nothing is said about somebody *accompanying* the archangel GABRIEL. Or maybe MÜLLER-EBELING is talking about the HOLY SPIRIT [St. Luke, 1: 35]? Describing JOSEPH's marriage—a marriage without intercourse between the partners—as “living in sin” is not only a blunder but also reveals MÜLLER-EBELING's bias. Throughout the book I got the impression that the author fancies a kind of romanticized, bleary paganism as an ideal version of the present we live in, or of our near future. May destiny save us from that! I found

another statement—not in this book but on the Internet—proposing that female mystics may be considered the counterpart of witches (MICHAEL SKORUPPA, “Hexenbanner, Hexenmacher und Hexenjagden” from <http://michael-skoruppa.de/finalhtm/hexen.html>). I like this idea better.

When HALLEY's Comet appeared in the 1470s it was not yet called “HALLEY,” since Mr. HALLEY was born two centuries later. He lived from 1656 to 1742. Thus, WERNER ROLEVINK, whom MÜLLER-EBELING quotes, cannot possibly have spoken—as she is assuming—about HALLEY's Comet.

STORL acts like a watercolor painter imitating TURNER. He applies colors but is very reluctant to add outlines to his images. Thus, the reader sometimes feels confronted with riddles, not knowing whether the author is talking about events in the Late Archaic Period or costumes and traditions of the generation of our great-grandparents, or whether one of the long-winded quasi-quotations stems from traditions in Holstein (in northern Germany) or in the Steiermark (in Austria). According to STORL, old wise women have passed on their secret knowledge of herbs and spells in a never-ending tradition since ancient times, without letting any of their opponents stop them. Instead of giving evidence or examples for his theses, the author confronts us with his odd mumblings, which get a bit tiring in the long run. When he does present facts—which is seldom enough—he leaves out the explanatory details. His favorite expression is “transsensual.” I searched the dictionary for this word, but couldn't find anything between “transsegmental” and “transshape.” STORL may have hit on an interesting concept, but what is it? It is common knowledge that the name “Bockbier” (bock beer, i.e. “he-goat beer”), also called “einbeckisch Bier” (“beer from Einbeck”), derives from the town of Einbeck. Despite this, STORL claims that the name was given because during the witches' Sabbath the devil himself, in the shape of a he-goat, serves up this beer. What will the inhabitants of Einbeck have to say about that!

STORL mentions the authors LASSA, VOGT, and FELICITAS GOODMAN, but they do not appear in the book's bibliography. (FELICITAS GOODMAN can be found in the table of contents, under “F,” but who would look for her there?) [*In the English edition, VOGT is cited in the bibliography, but LASSA and GOODMAN are missing. GOODMAN does not erroneously appear in the English table of contents, and she is included properly by last name in the book's index. LASSA and VOGT are missing from the index. — Eds.*]



STORL assumes that the reader knows what is meant by “pfeffern,” “schmackostern,” and “pfitzeln,” but I doubt that. These terms describe traditions and/or occasions related to begging/asking for things, such as is done on Halloween. The word “pfeffern” is used in mountains in the south of Germany, and “schmackostern,” which has the same meaning, comes from the former East Prussia (today the northeast of Poland).

When saying “Hirschlangen,” I suppose that STORL means Hirschlanden, a part of the town of Ditzingen near Stuttgart; the Old Palace there houses the “Warrior of Hirschlanden,” a statue made of stone. STORL says that this warrior wears a tapered headgear constructed from birch bark, but one can only guess that. I also doubt that many readers know who or what is meant by the “Warrior of Hirschlanden.” [*We agree that not many readers would know what is meant by this, and wonder why the reviewer didn’t tell us. — Eds.*] Furthermore, it is only an assumption that the statue’s sculptor intended for it to represent a dead person. Nevertheless, STORL presents this as a fact and does not give any further information about it. The “Fürst von Hochdorf” (the Sovereign of Hochdorf) was buried in a cairn (a burial mound). Even if it were true that the Hirschlanden statue, which is almost life-size, was once located on a cairn (Hirschlanden lies only a few kilometers from Hochdorf), there is no written evidence that this statue really incarnated a dead person who was buried there. Maybe it is the image of something or someone completely different, perhaps a deity or a transpersonal hero.

STORL assumes offhand that the traditional carnival celebrations in a region in the south of Germany trace back to pagan traditions. Nevertheless, there are many indications that the traditional carnival procession in the town of Rottweil, for example, first and foremost traces back to Christian endeavors, since it includes decidedly Christian elements. This can be seen in the paintings on the clothes of the people in the procession. Has STORL never heard of this, or would he like to withhold it from the reader? If the first were true, the author would be lacking sufficient knowledge; if the second were true, he would be pursuing biased intentions! This is rather a delicate subject, since under the Nazi dictatorship there was a research assignment in this field: Christianity, as one of the upholders of civilization, was to be devalued. At that time, there were also ludicrous attempts in that time to “Arianize” the image of JESUS CHRIST.

STORL creates a colorful but unstructured image of a type of woman, presenting her as a shaman, an expert herbalist, a

storyteller, a midwife, and an undertaker. All this is phrased with the precision and commitment of the insert in a package of placebos.

RÄTSCH seems to believe that monotheism is a lapse of cultural history. How else could the following harangue against MOSES be interpreted:

Moses was probably a trickster who was chased out of Egypt and who greatly impressed a dilapidated Jewish tribe with his little theatrical performances (for example, his “Indian” rope trick) and lured them over to monotheism. Moses is also considered the author of one of the most important folk works about witchcraft medicine, *The Sixth and Seventh Book of Moses*. (p. 82)

On one hand, RÄTSCH describes MOSES as a historical person, but on the other hand he has this same MOSES (*maybe*) also leaving behind this peculiar irregular collection of texts. Although RÄTSCH claims that *The Sixth and Seventh Book of Moses* is one of the most important sources on this general subject, he does not go further into these writings. What audience will enjoy reading the pejorative description of the Jews led by MOSES as a dilapidated Jewish tribe? Here, too, I have the feeling that—as with MÜLLER-EBELING and STORL—RÄTSCH would like to attract advocates and followers of neo-paganism with this book.

Apparently it did not even occur to RÄTSCH that in the context of history, monotheism can be seen as a reaction to polytheistic conditions. According to the Bible, MOSES did all that was humanly possible to free the Jews from bondage. There is no word about banishing anyone—so where could RÄTSCH have found this? And why would anyone perceive MOSES’ people as “dilapidated,” as RÄTSCH puts it?

It should be noted that compared to STORL, RÄTSCH’s style of writing is more detailed and factual. In fact, we can only learn from his style! This applies not only to his own writing but also to the material he edited. What you cannot find in the part STORL has written, you *will* find in RÄTSCH.

In a book about witches, the persecution of witches cannot be left aside. RÄTSCH assumes that “millions” of victims were burnt on the stake in Europe in the early modern age. With this assumption, RÄTSCH simply follows GOTTFRIED CHRISTIAN VOIGT (1740–1791), the town clerk of Quedlinburg, who picked this number of victims as a rough estimate. He started out with the statement that 30 witches were burnt between





1569 and 1598, according to the files of the town archives. He then added ten more, claiming that the files were not complete. He extrapolated this number for a century and then for 650 years. He compared the number of inhabitants of Quedlinburg (at the time, about 11,000) to that of Europe (then 71 million) and finally calculated the total of burnt witches under the assumption that their persecution in Europe lasted 1,100 years. Thus, he concluded that as many as 9 million witches were burnt in Europe. What about population growth, differing intensity of this persecution at different time and in different places, its actual duration in Quedlinburg and in the whole of Europe? VOIGT and those who nowadays still revert to his findings don't worry about these parameters. RÄTSCH is probably not aware of who calculated the number he used without questioning its reliability. Today's scientists assume that approximately 65,000 women fell victim to these persecutions in Europe, with 40,000 of them burnt in German-speaking countries. Bad enough, but at least these numbers are mostly verifiable.

Apparently in accordance with his co-authors, RÄTSCH reckons that the persecution of witches in the early modern times in Europe had its roots in the Inquisition. However, reliable investigation does not affirm that idea. For example, the Inquisition in the Basque region explicitly opposed the systematic persecution of witches (BEHRINGER, WOLFG. 2000. *Hexen und Hexenprozesse in Deutschland*, S. 326, N. 21). On the contrary, research has revealed that it was the populace who frequently gave the impetus and asked local authorities to take actions against the activities of those evil witches. It is a tragic and terrible fact that there resulted an instrumental body so completely irrational in its thinking and actions, as documented in the *Hexenhammer*—a book about witches, witchcraft and how to persecute them—by HEINRICH KRAMER (also known as HEINRICH INSTITORIS). This development was surpassed only by events of the 20th century.

RÄTSCH describing the German narcotics law as a “modern version of the Hexenhammer” is mere polemics. It seemed more appropriate to me when the four-volume set *Die christliche Mystik (Christian Mystics)*, written by JOSEPH VON GÖRRES in 1836–1842, was called the “Hexenhammer of the 19th century” by UTA RANKE-HEINEMANN, the editor of a 1989 reissue of the books, since this description pointed out the editor's mindset (even though the epithet doesn't do justice to GÖRRES' work). RÄTSCH would have been better off if he had consulted a few criminal law experts before publishing such a weird expression. Even in Hamburg, where RÄTSCH lives, there are attorneys who know about this part of the law.

Like BECKMESSER (a harsh critic of one of WAGNER's operas) I highlight here only those points that bother me. This does not mean that the book is a complete failure—far from it! When one first sees the book, one expects a comprehensive introduction to the subject. In ancient Greece there was only one word for medicine *and* witchcraft: pharmacy (φαρμακία could mean medicine as well as witchcraft or wizardry). This shows that these two activities were once inseparably connected, while today we see them as completely separate. *Mysterium tremendum* and *fasciniosum*—these traits appear in the divine as well as in the demonic. There is much evidence that both good and evil can be experienced as different visions of the same inconceivable power. If any one of the authors breathed a word about this, he or she must have shyly hidden it somewhere in the book.

Given that psychedelic substances are mentioned several times, it would have stood to reason to look at this subject more closely. For example, there have been reliable reports during the past century about an incident near Avignon where many people suffered an ergot poisoning (JOHN FULLER, *Apocalypse '52*). They ate bread made from spoilt flour and thus had heavenly *and* infernal visions that could alternate in an instant. At that time, they rightly suspected the flour vendor was guilty of neglect. Some centuries earlier they would have tracked down “witches” as causes of the event and called them to account for their evil ways. So what is a witch? The quite sobering answer: a witch is a woman who was denounced and convicted as a witch. The fact that STORL, MÜLLER-EBELING, and RÄTSCH attempt to make us believe something different may be considered deserving, but it does not change anything concerning the sad history of the persecution of witches. The book *Witchcraft Medicine* is not just fun to read. It also serves to document the wave of obscurantism that has become more noticeable lately. Numerous illustrations, most of which have been diligently chosen, contribute to the pleasure of reading the book. One example is the photograph of the Stone Age “Venus of Lespugue” (page 57, photo by RÄTSCH). I think I have never seen a more successful and impressive photograph.

The authors don't bother mentioning that the Greek mistress of all beings (ποτνια θηρών) reappears as the Madonna with her sheltering cloak, thus proving that even the most ancient representations also persist in Christianity. Over all, I encountered more gaps in the authors' analyses than gaps in my knowledge that they were able to reveal and fill. — EDZARD KLAPP





WANTED: A Green and Golden Moss Spirit Instead of a Conjurer Named Moses

A response to previous reviews of Witchcraft Medicine, the classic work on entheogens by MÜLLER-EBELING, RÄTSCH, and STORL.

Preanimism, animism, anthropomorphism, paganism, shamanism, pantheism, panpsychism, theopanism, gnosis, or neolithic polytheism—all these are wonderful ancient trends and pre-Christian religions. Only thousands of years later have their melodious names been coined. Every now and then solitary spoilsports appeared in the midst of all these trends, overly down-to-earth critics, thinkers, skeptics, pre-Socratics.

Instead of starting in the 18th century A.D., the Enlightenment was already set in motion around 600 B.C. DIOGENES of Apollonia (450 B.C.), considered the DESCARTES (or JULIEN OFFRAY DE LA METTRIE) of ancient times, made a clean sweep of things and did not hesitate to deny the idea that plants could think. How ungenerous of him! How unforgivable! And from its beginning, this tree-bashing raged on without cease, disguised in reality-emphasizing theories that were created quite cold-bloodedly. Jainism, which appeared even before MAHAVIRA lived, even did without a god.

BUDDHA, king of enlightenment, disposed of teeming hallucinations and constructed gods, including uncontrolled growth of demons, in a quite rational way. He was like a cold shower on the prior religion of Bön, which was based on animism, shamanism, and entheogens. Bishop IRENAEUS of Lyons ousted Gnostic phantasms. WANG CHUNG (27 to 97 A.D.) referred to the teachings of ying, yang, and tao as “idle talk.”

However, the trampled grass always rose again, including all the divine pandemonium and spiritual weeds. Willows that were topped burst out anew, and every little hole in Great Mother MARY’s veil was immediately mended before the next mental or unmetaphoric logger approached. But earlier trends persisted. There is no evidence of a Bodhi tree for the historic GAUTAMA. However, the ineradicable religion of Bön continued to be active under the surface, and elements of its tree cult were inserted *post de facto* into the sprawling Buddhist elements, thus allowing for BUDDHA’s enlightenment—which was dendrologically limited—to advance as the undisputed core of Buddhism, just because there was a religious fig tree. TERTULLIAN sneered at the questionably

feminine way in which EMPEDOCLES handled the pythagorean transmigration, and also at EMPEDOCLES’ plainly Darwinistic statement that he himself already had gone through different stages of being something else: a bush, a fish and so on. Later on, MAULANA JALADU-D-DIN reported this about himself, too, using almost exactly the same words as EMPEDOCLES. MUHAMMAD had three *Acacias* cut down in the Wadi Nakhla, since they were dedicated to the ancient Arabian goddess AL-UZZA. A hundred years later, Saint BONIFACE had a millennial oak cut down that was sacred to DONAR (the god of thunder). This oak was the beam in his Christian eye, so he had it cut down instead of just condemning it in a mental and symbolic way, like JESUS. Or denying it all thinking, as DIOGENES had done. To put it in a nutshell: it was always male rigor—sometimes intellectual, sometimes with an axe—treading against female tree spirits. It was always an inquisitor against a dryad branded as a witch. First, the holy pre-Christian groves of trees suffered the cold shower of a thousand years of Christianity; then followed two hundred years of mining, heavy industry, and motor traffic. But earlier beliefs were still alive.

The irrepressible Germanic dandelion was still breaking through the Christian asphalt surface. A resistant Avalon reappeared stronger than ever and overran the strange intermezzi of Jerusalem and Jericho using the carnival, the Easter Promenade (a poem in GOETHE’s *Faust*), the second and third spring, Early and Late Romanticism. The more the green and golden tree of life faded in our gray world—because people raced forward more compatible with technology, more acid-proof, more resistant to road salt and with less humanity—the more scarce, threatened, and intense became the shimmering, verdant better times and rays of hope (hardly visible behind the smog of congested areas) along with their elder tree grannies and ash tree spirits. Even Christianity, although considered hostile to nature, was impregnated from behind. Maybe the calm, peaceful, and romantic chapels in the woods, with fawns, holy GENEVIÈVE, cloistered gardens or floral legends, whispered in a more atmospheric, more conciliatory and more caressing way than the historic sites and the holy groves, which originally were very macho and concentrated on rituals just the way that later on, “Le sacré du printemps” made people feel uncomfortable and Greenpeace seemed too technological. Idylls and arbors by SPITZWEG (the German impressionist painter) surpassed in sentimental emotionalism the lapidary myth of paradise. Even taxonomists and categorizers like CARL VON LINNÉ instilled an emotional life in flora. In retrospect, even the GARDEN OF GETHSEMANE came to be a holy grove where the





winds of night might have carried a passing hint of botanic-Buddhistic LUMBINI voluptuousness. The enormous *Handwörterbuch des deutschen Aberglaubens* (a concise dictionary of German superstition) by BÄCHTOLD-STÄUBLI flourished, overshadowing by far the hardhearted *Summa Theological* of St. THOMAS AQUINAS. It showed that superstition can be richer, more diverse, more beautiful, more detailed, and even *truer* than belief.

Researchers in matriarchy, spiritually inspired feminists, female mythologists, cultural anthropologists, specialists in ancient American studies and in ethnobotanics define themselves as advocates of new paganism, Wicca, biosophy, pansophy, neo-gnosticism and entheogenism. Two hundred years after the Enlightenment in Central Europe, RÄTSCH (who does *not* want to be called a neo-shaman), STORL (who does *not* like being called shaman of the Allgäu), art historian MÜLLER-EBELING and the mushroom mythologist WOLFGANG BAUER, built monumental fortresses: with their love plants, sacred mushrooms, toadstools, and psychoactive encyclopedias, pro-plant devas, intoxicants, flights of the soul, elemental spirits, and anti-Enlightenment without soul. Thus, they are critical of all academic science. “The world of spirits is not shut away / Thy sense is closed, thy heart is dead! / Up, Student! Bathe without dismay / thy earthly breast in morning-red!” STORL translates these lines from the first part of GOETHE’s play *Faust* into a language of his own, assuming that witches’ medicine is magic and thus alienating those whose souls are dead and frozen and whose mind’s eyes are blinded.

But now several wisecracks (derived from Middle Dutch *wijsseggher*, which ironically means soothsayer or witch) and armchair philosophers, led by EDZARD KLAPP, are standing up. Instead of bathing their earthly breast in morning-red, they are subjecting the wonderful and lovingly produced standard work *Witchcraft Medicine* to criticism that’s suspiciously laden with biblical references. KLAPP’s critique could be considered quite plausible in its details, if only his objections as a whole were not mere nitpicking. To argue against RÄTSCH’s description of MOSES as a humorless conjuror does not lead very far. KLAPP finds the book useless at filling the casual gaps in his personal knowledge. But hopefully the more important and justifiable objections of KLAPP’s nitpicking do no harm to all those healing magical words. KLAPP is skeptical of the bleary paganism that is supposed to be a panacea for enlightenment, reductionist straitjackets, and soulless positivistic science. This skepticism seems to be reasonable and gives us something to think about—at least

more so than the review by LILI CHONHUBER published on the Internet. Her review offers little more than irony concerning “graduate medicine men” and their strange expressions like “vitality of being” or “assurance of being.” She declares, “While the high-tech civilization is bombing the poorest countries back to the Stone Age, MÜLLER-EBELING, RÄTSCH, STORL & Co. are recollecting the true values of the Stone Age.” Behind CHONHUBER’s observations there lurks a badly veiled belief in the progress of a hideously failed and super-mechanized super-civilization. “There is no silver bullet that leads us back into the past.” What a dubious assumption! What an evidence of the incapacity of her soul, when she claims that it is hard for her to believe that salvation exists in a world once more enriched with imps, rhizotoms, illness demons, and pea devas.

Another Internet review—or rather, Internet argument—by URIEL BOHNLIICH (please, don’t confuse him with ULRICH HOLBEIN!) was much more to the point than KLAPP’s or CHONHUBER & Co’s. In this review KLAPP’s scepticism and CHONHUBER’s superficial malice are magnified to the fervor and vehemence of TERTULLIAN. BOHNLIICH sees those all-too-scientific earlier stages glittering through in the book, stages that witch doctors would reject. BOHNLIICH defines the book’s language as a mixture of terms used in scientific and psychogargon together with the immense vocabulary used by the nature-adoring new pagan authors of 1910, such as WILHELM BÖLSCHKE, THEODOR LESSING, BRUNO WILLE, HERMANN LÖNS, and ERNST WIECHERT. BOHNLIICH gives the expression “the weaving of cosmic constellations” (used by STORL) as an example. He says that the “weaving” stems from Wagnerian music and Faustian gibberish. “Constellations” is borrowed from a comparatively scientific and, thus, soulless territory. He also points out that the use of the word “essences” [referring to the German word *Wesenheiten* used in the book] is antiquated, borrowed from theosophic vocabulary that in turn is referred to as “transsensual”—a modernistic description... Executives, archetypes and *Hagezussen* [an ancient German word for “witch”] are coupled with the graceful Freya. Old German vocabulary, according to BOHNLIICH, is constantly mingling with dispassionate technological words: Herbaria, the little old herbalist, is characterized as the “keeper and watchwoman of the local ecosystem”... All in all, quoting URIEL BOHNLIICH one last time: “Thus, that which was uselessly resisted, is sneaking into the supposed head wind.”

Here, we (i.e. ULRICH HOLBEIN) can just sigh: So what? Even if the linguistic-stylistic “problem” of *Witchcraft Medicine*





were not to be solved for the time being—if it existed at all—what we want to dispute here is that one way or another, BOHNICH, CHONHUBER, and KLAPP are lowering themselves to the size of quibbling nitpickers without a message or a vision; they are truly not following the tradition that includes DIOGENES, WANG CHUNG, Saint BONIFACE's oak cutting, KANT's disproof of SWEDENBORG, and ADORNO's attack on occultism. Instead, a brain or spirit is needed who not only completely sympathizes with female shamanic entheobotanists and green people saving the world, but who can also somehow offer resistance to a fanatic humanity that is going down the wrong track of Christianity and technology. Or who can at least—in the age of city lights and pavement—reconstruct those better, more inspired by forgotten times and rescue their knowledge of healing. Most suitable for this would be someone who has it in himself to turn the only partially expressed theses and assumptions of “new paganism” or “natural mysticism,” (which have not yet been fully written) into a passionate manifesto. Or who would first give a melodic name to this movement—if it *were* a real movement. Should the whole thing be called “Humane Paganism?” Or would this again sound far too scientific? But New Paganism would sound too smoky and militant, and it has been existing for too long to still be called “new.” Moreover, it would also have to cover quite dubious groupings. Or maybe choose a name like Tree Spirits, by analogy with those who call themselves tree huggers? Or something along the lines of Graying (aging) Greens and GOETHE's “green and golden tree of life”: the “green-goldians,” the “green souls,” the “tree souls,” the “entheologics?!” Well, I will discreetly set aside this list now, for lack of time.

In a nutshell, what is wanted is a new MOSES, a moss spirit, or a plant spirit, who smashes those Tablets of the Law in order to take part in dancing circles around the Golden Calf, or who—while dancing—makes up ten or eleven other, *improved* commandments. Or, who, even better, makes up maxims that take into consideration the pre-Buddhistic Golden Rule as well as the government's constitution:

0TH COMMANDMENT 1: Never adorn innocent stones with stingy commandments!

1ST COMMANDMENT 2: Throw overboard today's offers for consumers and for those who seek meaning in life—hyperactivism, bestialism (bestiality) over Cartesianism, Social Darwinism, Eurocentrism, photorealistic fanaticism, giantism, heroism, suctioned-off Catholicism, exuberant careerism, materialistic mass tourism, neo-nationalism,

anemic Ecumenism, perfectionism, mind-withering esoterics, utilitarianism, terrorism, vandalism—and see what is left! Hopefully, extraordinary moments of sudden insight, free thinking, whole-body orgasms, a broadened awareness, *coincidencia oppositorum*, a going out-of-bounds, breakthroughs, inspiration, rejoicing, cosmic dreams, Olympic laughter, platonic one night stands, high inebriation, blissful nostalgia, trance, fusion, word frenzies, and, not least of all, *unio mystica*!

FIRST MAXIM: You shall have as many gods near me as possible! And stop putting gods before animals and camels before fungi! Divine idols are better than dead gods! And you shall always make yourself many colorful images of me! Please, pray to FLORA, POMONA, APHRODITE, CYBELE, LUNA, HERMES, to the green fairy, the last manifestation of the witches' goddess ARTEMIS or DIANA, instead of praying to MAMMON, BLASPHEMO, or TOYOTA! Establish a phalanx together with LAOTSE, THEOCRITUS, PLINY, et al., instead of global players, popes, and governors!

SECOND MAXIM: Never again deny that plants think! You shall not cut, pick or pick to pieces, neither as reviewer nor as logger! The dignity of plants shall be inviolable! Do not touch but empathize! P.S.: If you *have* to pick a plant, then plant a little tree for every sheet of paper you crumple or write on. If you do not own a piece of land, you could just commit illegal forestation!

THIRD MAXIM: Try to understand even unfriendly beings! Be nice to one another, including your parents! Be nice to inquisitors! Pray for the salvation of HITLER! Do not say anything against MOSES, WANG CHUNG, TERTULLIAN, the priests and pastors of this world, or LILI CHONHUBER!

FOURTH MAXIM: Create your own rule here.

FIFTH MAXIM: You shall not kill! And not slaughter! And not mob! And not hurt! Don't look for a loophole to excuse killing of any kind! And do not cut down holy groves only to put up a parking lot for handicapped people! On the contrary, declare domestic cattle to be sacred cows, i.e. golden calves! Imagine that even MICROSOFT has a soul! Call the control of your computer “Mouseclick”! Give names to your household articles! Be an animist! Declare livestock to be taboo, off limits! Never let a golden calf pass you without dancing around it instead of slaughtering it! All in all, the dignity of calves must be inviolable! Do not touch, but empathize! Eat more fruit! Amuse your human and plant companions and fellow-





sufferers! All in all, never kill! (Not even child abusers or houseflies, if possible.)

SIXTH MAXIM: You shall not commit adultery! Instead, just try eating, caressing something else, and listening to music in stereo. At least, avoid uninteresting monaural fidelity. Turn masturbation into self-knowledge and the daily grind of marriage into pansophy and pansexuality. Be polyphonic, not monotonous! Get out of the line you are standing in. Don't always be the one who just stays put, no matter what.

SEVENTH MAXIM: Instead of stealing, beg for the object you desire in a charming way. Give huge thank-you presents, and remember to water your plants. Tax evasion and illicit employment (or non-union labor) are not mortal sins, but symbols of your longing for blind human devotion. Leave peanuts behind! The ocean is in front of you, so stop turning around to check the washing machine.

EIGHTH MAXIM: Instead of lying, be a poet, try mimicry, and take time off to enjoy carnivals.

NINTH MAXIM: Go on comparing the narcotics law to the book *Witchcraft Medicine*! Go on referring to the highest numbers of burnt witches possible, even if there were "only" 200,000 victims. Even if there had been only one victim, there would have been one too many! Let the ancient PAN go on piping his songs together with elemental spirits, and put the elves from 18th century French fairy tales far back into Paleolithic settings! A predated elf is better than households desolate because of psychic shortcomings! Oh, and if it bothers you that elves, pea devas, and elder tree grannies depend on

anthropomorphism, then just create new elemental spirits that are more detached. The dwarfs and pixies mentioned by WOLF-DIETER STORL are quite easy to produce in the age of genetic engineering. Sylphs and elves take more time (on account of the problem with their wings and upper arms, not to mention foreseeable difficulties when adding the DNA of hummingbirds).

TENTH MAXIM: Instead of envying your neighbor's PORSCHE and his other stuff, just join him in raving on molecules and sanctifying ecstasies! No matter what grimaces appear on your faces! Let BUSH and SADDAM smoke the same joint! Make love not war!

Kiss your enemies, even if they don't like it! Teachers who have been shot, forgive your students who have run amok! Forgive god and the other gods for being (fortunately beforehand) flighty and imperfect as you are! Nevertheless, go down in infinity and don't ask what time it is! First, exaggerate and then increase slowly! Let yourself go, even if you are too small for that! But still leave the bathroom in the state you would like to find it in! Bathe in early morning-red, together with gods, golden calves, djinn, witches and those who burnt them, infidels, spoilsports, and "essences!" Rediscover forbidden cures! Buy and read *Witchcraft Medicine* by CLAUDIA MÜLLER-EBELING, CHRISTIAN RÄTSCH, and WOLF-DIETER STORL! Forgive EDZARD KLAPP, URIEL BOHNICH, LILI CHONHUBER, and maybe even ULRICH HOLBEIN! Wake up before you are woken! Die before you kick the bucket! Be awake, even in your sleep! Get well before you get ill! Amen! All right! Cheers! I have spoken! — ULRICH HOLBEIN

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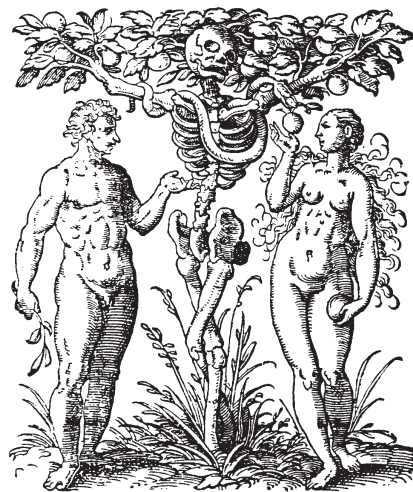
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1) 20 min. after first dose of 50 µg. Condition normal. No effect from the drug yet. (Except where otherwise stated, all drawings were done in charcoal.)



2) 85 min. after first dose, 20 min. after another 50 µg. Euphoria. The subject sees the model correctly, but finds difficulty in controlling the wide, sweeping movements of his hand.



3) 2.5 hours after first dose. Outlines of the model seen normally, but very vividly and in changed colours. The subject states: "My hand must follow the bold sweep of the lines. I feel as if my consciousness is situated in the part of my body that is now active."



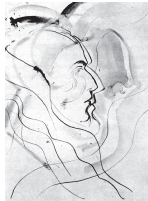
4) Shortly after third drawing. "The outlines of the model are normal, but those of my drawing are not (Fig. 3). I pull myself together and try again: it's no good. I give up trying and let myself go at the third attempt (Fig. 4)."



5) Shortly after third and fourth drawings. "I try again and produce this drawing with one flourish."



6) 2.75 hours after first dose. Agitated. "The perspective of the room has changed, everything is moving...everything is interwoven in a network of colour...the model's face is distorted to a diabolic mask." (Image created in Tempera.)



7) 4 hours 25 min. Euphoric mood, intoxication less marked. The subject attempts to draw a portrait similar to his first one. "If I am not careful, I lose control of my movements." (Image created in Pen and water-colour.)



8) 5 hours 45 min. Crayon drawing. "It is probably because my movements are still too unsteady that I am unable to draw as I normally do...The intoxication is wearing off, but I can both feel and see it ebbing and flowing about me (now it only reaches to my knees); finally, only an eddying motion remains."



9) 8 hours. The intoxication has now worn off, apart from a few small waves (for example, sudden distortions of faces from time to time). The subject feels bewildered and tired. "I have nothing to say about the last drawing; it is bad and uninteresting."